

***'NTD Elimination,  
Now More Than Ever'***



**World Health  
Organization**

REGIONAL OFFICE FOR

**Africa**

# ***‘NTD Elimination, Now More Than Ever’***

Report of the Third Meeting of NTD National Programme Managers in the  
WHO African Region

7–11 December 2020

Virtual meeting

Report prepared by NTD/ESPEN Secretariat, WHO/AFRO

**TABLE OF CONTENTS**

ACRONYMS ..... ii

ACKNOWLEDGEMENTS..... iv

SUMMARY ..... v

BACKGROUND AND RATIONALE ..... vii

    Objectives ..... ix

    Participation ..... xii

OPENING CEREMONY .....xiii

PLENARY SESSION 1: NTD ROAD MAP 2020 TARGETS, CELEBRATION OF MILESTONES ..... 1

PLENARY SESSION 2: ESPEN FRAMEWORK IN THE CONTEXT OF THE NTD ROAD MAP 2021-2030 4

PLENARY SESSION 3: NTD MASTER PLANS 2021-2025: OVERVIEW OF THE FRAMEWORK FOR DEVELOPMENT AND PRESENTATION ..... 9

SESSION 4: PILOTING JOINT MDA AND ACTIVE CASE FINDING OF LEPROSY, BU AND OTHER SKIN NTDS IN THE FOREST REGION OF GUINEA ..... 13

SESSION 5A: NTD SUPPLIES MANAGEMENT AND COUNTRY EXPERIENCES IN CM-NTD INTERVENTIONS..... 15

SESSION 5B: NTD PROGRAMME MANAGERS’ COMMUNITY OF PRACTICE (CoP) ..... 17

SESSION 5B: ESPEN PORTAL AND AVAILABLE DATA SOLUTIONS ..... 19

SESSION 6: NTD ACTIVITIES AND IMPACT OF COVID-19: COUNTRY CM, MDA AND SURVEY EXPERIENCES ..... 20

SESSION 7: COR-NTD/ESPEN JOINT PROGRAMME MANAGERS’ MEETING ..... 29

SESSION 8: SCABIES AND THE 2021-2030 ROAD MAP: EVIDENCE AND STRATEGIES FOR ESTABLISHING NATIONAL CONTROL PROGRAMMES ..... 39

SESSION 9: PERSISTENT TRANSMISSION OF LF AND TRACHOMA ..... 41

SESSION 10: MODELLING THE POTENTIAL IMPACT OF COVID-19-RELATED DELAYS TO MDA ON SCHISTOSOMIASIS MORBIDITY AND ESTIMATING POPULATIONS MOST AT RISK ..... 42

CLOSING CEREMONY ..... 46

APPENDIX:..... 47



## **ACRONYMS**

<b>ACT East</b>	USAID's Act to End NTDs   East program
<b>ACT West</b>	USAID's Act to End NTDs   West program
<b>APOC</b>	African Programme for Onchocerciasis Control
<b>BCC</b>	behaviour change communication
<b>BU</b>	Buruli ulcer
<b>CM</b>	case management
<b>CoP</b>	Community of Practice
<b>COR-NTD</b>	Coalition for Operational Research on NTDs
<b>CDD</b>	community drug distributor
<b>CHWs</b>	community health workers
<b>CHIP</b>	Country Health Information Platform
<b>DHIS2</b>	District Health Information Software 2
<b>DRC</b>	Democratic Republic of the Congo
<b>ESPEN</b>	Expanded Special Project for the Elimination of Neglected Tropical Diseases
<b>FTS</b>	filariasis test strip
<b>GPELF</b>	Global Programme to Eliminate Lymphatic Filariasis
<b>GSA</b>	Global Schistosomiasis Alliance
<b>GPW 13</b>	Thirteenth General Programme of Work, 2019–2023
<b>GW</b>	guinea-worm
<b>HAT</b>	human African trypanosomiasis
<b>HEWs</b>	Health extension workers
<b>HSS</b>	health systems strengthening
<b>HMIS</b>	Health Management Information System
<b>HQ</b>	Headquarters
<b>iCHORDS</b>	Improving Community Health Outcomes through Research, Dialogue, and Systems Strengthening
<b>IDA</b>	Ivermectin, DEC, and Albendazole
<b>IECWs</b>	integrated eye care workers
<b>IUs</b>	Implementation units
<b>IVM</b>	Ivermectin
<b>JAP</b>	Joint Application Package
<b>LF</b>	lymphatic filariasis
<b>LNOB</b>	Leave no one behind
<b>LSHTM</b>	London School of Hygiene & Tropical Medicine
<b>MDA</b>	Mass drug administration
<b>MMDP</b>	Morbidity management and disability prevention
<b>NGOs</b>	nongovernmental organizations
<b>NNN</b>	Neglected Tropical Disease NGO Network

<b>NPO</b>	National Professional Officer
<b>NTDs</b>	neglected tropical diseases
<b>OEM</b>	Onchocerciasis elimination mapping
<b>Oncho</b>	onchocerciasis
<b>PC-NTDs</b>	Preventive chemotherapy neglected tropical diseases
<b>PHP</b>	public health problem
<b>PZQ</b>	Praziquantel
<b>RAMA</b>	Risk assessment and mitigation action
<b>RPRG</b>	Regional Programme Review Group for Preventive Chemotherapy
<b>SAFE-strategy</b>	Surgery for TT, Antibiotics to clear bacterial infection, Facial cleanliness and Environmental improvement
<b>SCH</b>	schistosomiasis
<b>SCM</b>	supply chain management
<b>SDGs</b>	Sustainable Development Goals
<b>SH</b>	<i>Schistosoma haematobium</i>
<b>SM</b>	<i>Schistosoma mansoni</i>
<b>SOP</b>	standard operating procedure
<b>STAG</b>	Strategic and Technical Advisory Group
<b>STH</b>	soil-transmitted helminthiasis
<b>STP</b>	São Tomé and Príncipe
<b>TAS</b>	Transmission assessment surveys
<b>TCC</b>	The Carter Center
<b>TEMF</b>	Trachoma Elimination Monitoring Form
<b>TF</b>	Trachomatous inflammation-follicular
<b>TIS</b>	Trachoma impact survey
<b>TSS</b>	Trachoma surveillance survey
<b>TT</b>	Trachomatous trichiasis
<b>UHC</b>	universal health coverage
<b>UN</b>	United Nations
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	The United States Agency for International Development
<b>WCO</b>	WHO country office
<b>WHA</b>	World Health Assembly
<b>WHO/AFR</b>	
<b>O</b>	World Health Organization Regional Office for Africa
<b>WSP</b>	World Scabies Programme

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## SUMMARY

In the past decade, control efforts in the African Region have been guided by the WHO Global road map for the elimination of neglected tropical diseases (NTDs) 2012–2020, the 2013 World Health Assembly resolution on NTDs (WHA66.12), the resolution on NTDs (AFR/RC63/R6) adopted by the Regional Committee for Africa in September 2013, endorsing the “Regional Strategy on NTDs in the WHO African Region” and the “Regional Strategic Plan for Neglected Tropical Diseases in the African Region 2014-2020” as the framework for implementing the global road map for the elimination of NTDs and the World Health Assembly resolution on NTDs. The resolution urged Member States in the Region to rapidly scale up interventions and strengthen health systems to tackle NTDs at all levels and ensure regular monitoring and tracking of progress.

The year 2020 is a milestone for efforts to reduce the burden of, as well as control and eliminate NTDs. It has been eight years since the adoption of the 2012 NTD road map: *'Accelerating work to overcome the global impact of neglected tropical diseases: a Roadmap for implementation'* and the *'London Declaration on Neglected Tropical Diseases'*, and five years since the global agreement on the *Sustainable Development Goals* (SDGs) framework. The year 2020 is a defining moment, when we report on progress in the implementation of the 2013 African Region resolution on NTDs, Regional NTD Programme-supported activities and interventions, and discuss the gains that need to be sustained and gaps that need to be addressed by country NTD master plans that are aligned with the NTD road map 2021-2030.

The Second Joint Programme Managers' Meeting on Case Management (CM) and Preventive Chemotherapy (PC) Neglected Tropical Diseases in the WHO African Region was held in Addis Ababa in July 2019. The Regional NTD Programme and ESPEN held the third National Programme Managers' meeting virtually on 7–11 December 2020. The meeting's objectives were to review the implementation of the NTD Regional Strategic Plan for 2014-2020 and the ESPEN partnership goals and milestones, to guide the next phase of NTD control and elimination in line with the NTD road map 2021–2030.

The meeting attracted 564 registered participants from WHO headquarters, WHO in the African Region, programme managers from ministries of health, national professional officers in country offices, and partners. During the five-day meeting, participants reviewed regional and national NTD achievements since 2012, the challenges and constraints encountered in the Region, lessons learnt and best practices adopted. Action points on aligning with the 2021–2030 NTD road map and incorporating recommendations from the NTD road map into country master plans were proposed. Discussions also focused on implementing NTD activities in the context of COVID-19 and



how to mitigate the impact of the pandemic on long-term NTD programme targets. Finally, participants agreed on the way forward in developing NTD regional and national goals, targets, and priority interventions in line with the global NTD road map 2021–2030, and the ESPEN Strategic and Sustainability Framework.

## BACKGROUND AND RATIONALE

While significant progress was made in the control of neglected tropical diseases (NTDs) globally in the past decade, NTDs continue to be a leading public health problem and the African Region continues to bear about half of the global burden of NTDs. To mitigate the socioeconomic impact of NTDs and contribute to the achievement of universal health coverage (UHC) and the Sustainable Development Goals (SDGs) through the control, elimination and eradication of NTDs, the concerted effort made so far by stakeholders needs to be amplified and sustained into the next decade, in the context of the NTD 2030 road map.

In the past decade, control efforts in the African Region were guided by the WHO Global road map for the elimination of NTDs 2012-2020, the 2013 World Health Assembly resolution on NTDs (WHA66.12), the resolution on NTDs (AFR/RC63/R6) adopted by the Regional Committee for Africa in September 2013, endorsing the "Regional Strategy on Neglected Tropical Diseases in the WHO African Region" and the "Regional Strategic Plan for Neglected Tropical Diseases in the African Region 2014-2020" as the framework for implementing the WHO Global road map for the elimination of NTDs and the World Health Assembly resolution on NTDs. The resolution urged Member States in the Region to rapidly scale up interventions and strengthen health systems to tackle NTDs at all levels and ensure regular monitoring and tracking of progress.

Within this context and following the closure of the African Programme for Onchocerciasis Control (APOC), in order to sustain the gains made by APOC and to urgently address the growing burden of PC-NTDs, Dr Matshidiso Moeti launched the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) in May 2016. This project espoused the spirit of partnership between the WHO Regional Office for Africa (AFRO), Member States and NTD partners. In the past five years, ESPEN has mobilized political, technical and financial resources to reduce the burden of the five most prevalent NTDs in Africa, namely lymphatic filariasis (LF), onchocerciasis, soil-transmitted helminthiasis (STH), schistosomiasis and trachoma. The Project continues to be a model public-private partnership ensuring 100% geographical coverage for PC-NTDs where gaps existed.

Moreover, the NTD programme has also achieved significant progress in the effort to control, eliminate and eradicate case management (CM) NTDs: Togo has been validated for eliminating human African trypanosomiasis (HAT) as a public health problem (PHP); the target for elimination of leprosy as a PHP has been maintained in all Member States in the Region with the exception of the Comoros; only 54 human cases of guinea-worm (GW) disease were reported in 2019 from Angola, Chad and South Sudan; and support

has been provided to countries in the implementation of control activities for Buruli ulcer (BU), yaws and leishmaniasis.

Thus, the year 2020 was a pivotal year in which national NTD programmes and ESPEN reported on progress in the implementation of the 2013 African Region resolution on NTDs, Regional NTD Programme-supported activities and interventions, and discussed the gains that need to be sustained and gaps that need to be filled by country NTD master plans that are aligned with the NTD road map 2021–2030.

In November 2020, Member States joined forces at the Seventy-third World Health Assembly to endorse a new road map for NTDs 2021–2030 that was developed through a global consultative process that started in 2019. Following up on the endorsement, the AFRO NTD Programme and ESPEN have developed a Country Master Plan Development Framework to guide countries in developing their third-generation country master plans for the period 2021–2025, in line with the NTD road map 2021–2030. Version 3 of this guide has been shared with countries. A key process in the development of the country NTD master plans is conducting a situation analysis, which involves taking stock of the past eight years of the 2012–2020 NTD road map targets. The Programme Managers' meeting was expected to be instrumental in mobilizing countries to transition their country plans into the new NTD road map 2021–2030 through the following five key sessions:

- the 2020 scorecard and celebration of milestones
- WHO/AFRO NTD Framework in the context of the 2030 road map
- NTD country master plans 2021–2025: overview of the framework for development and presentation of progress
- NTD activities in the context of COVID-19
- JAP online, and the MDA portal
- Partner voices – COR-NTD and NNN.

The Regional NTD Programme and the ESPEN were holding the third Joint Regional Programme Managers' meeting at that defining moment.

## **Objectives**

The general objective of this third meeting of NTD national programme managers in the WHO African Region is to carry out a review of the implementation of the NTD Regional Strategic Plan for 2014-2020 and the ESPEN partnership goals and celebrate the milestones, to guide the next phase of NTD control and elimination in line with the NTD road map 2021–2030.

### Specific objectives:

- Celebrate regional and national achievements of the NTD 2020 targets.
- Discuss challenges and constraints encountered in the Region in the past NTD decade.
- Share lessons learnt and best practices.
- Propose action points and recommendations to improve the implementation of national NTD master plans and activities for the 2021-2030 Implementation Framework.
- Agree on the NTD regional goals, targets, priority interventions, roles and responsibilities of various actors of the Regional NTD implementation framework for the period 2021-2030.

Plenary and breakout sessions were organized as follows:

<b>PLENARY SESSION 1: NTD road map 2020 targets, celebration of milestones</b>
To celebrate our successes over the past 10 years, as we build momentum for the future. Provide an overview of successes, enablers; recognize major milestones achieved in the NTD strategic plan 2014-2020 and share lessons learnt and best practices.
<b>PLENARY SESSION 2: ESPEN Framework in the context of the NTD Road map 2021-2030</b>
Optimizing the benefits of sustainable NTD programmes over the next decade calls for thoughtful incorporation of NTD programmes into national health systems. Specifically, panellists will present and discuss the ESPEN Strategic Framework (2021-2025), the NTD road map 2021-2030 and the NTD sustainability framework.
<b>PLENARY SESSION 3: NTD master plans 2021-25: Overview of the framework for development and presentation</b>
Present and discuss the country master plan development guide and NTD road map 2021-2030 and implications for the development of the next generation of master plans (2021-2030).
<b>PLENARY SESSION 4: Piloting joint MDA and active case finding of leprosy, BU and other skin NTDs in the Forest Region of Guinea</b>
Share country experiences in piloting joint MDA and active case finding of leprosy, BU and other skin NTDs in the Forest Region of Guinea
<b>BREAKOUT SESSION 5A: NTD supplies management and country experiences on CM-NTD interventions</b>
Share experience on the implementation of integrated CM and provide guidance on the tools for supply requests and applications in order to improve access to supplies
<b>BREAKOUT SESSION 5B: PC-NTD Community of Practice (CoP)</b>
Present the CoP to the African PMs and obtain their feedback



<b>PLENARY SESSION 6: NTD activities and impact of COVID-19: Country CM, MDA and survey experiences</b>
Guide countries on the conduct of risk-benefit assessments and the implementation of NTD-related activities in the context of COVID-19
<b>SESSION 7: COR-NTD-ESPEN joint session</b>
Facilitation of cross-country discussions, collaboration and learning among Programme Managers, partners and social scientists
<b>SESSION 8: Scabies and the 2021-2030 road map: Evidence and strategies for establishing national control programmes</b>
Review the global evidence on scabies control and share country experiences
<b>SESSION 9: Persistent transmission of LF and trachoma</b>
Document experiences and lessons learnt on what to do when persistent infection of LF and trachoma occur and when impact surveys show prevalence above elimination thresholds
<b>SESSION 10: Modelling the potential impact of COVID-19-related delays to MDA on schistosomiasis morbidity and estimating populations most at risk</b>
Describe the current burden of schistosomiasis in sub-Saharan Africa, highlight the degree of impact that delays to MDA will have on schistosomiasis and related morbidity, and identify the areas of highest vulnerability across the regions.

## **Participation**

The meeting attracted 564 registered participants from WHO/headquarters, WHO/AFRO, WHO/EMRO, programme managers from ministries of health, NPOs, and partners.

## OPENING CEREMONY

Dr Matshidiso Moeti, WHO Regional Director for Africa, welcomed the participants in her video message to the virtual meeting. She highlighted that NTDs affect the poorest and most vulnerable people of the world. The prevention, control, elimination and eradication of these diseases will help break the cycle of poverty, improve equity, health and well-being and the attainment of a number of SDG goals, including SDG 3. She underscored that 2020 had been a challenging year for all due to the COVID-19 pandemic. Many NTD interventions and other essential services have been disrupted due to well-intentioned public health restrictions on public gatherings and movements due to the COVID-19 pandemic. She indicated that these disruptions threaten to reverse gains made in recent years. Therefore, it was imperative that catch-up campaigns be rapidly and safely rolled out. She also mentioned the progress made and the important NTD milestones reached in the Region and beyond. She gave the example of the World Health Assembly's endorsement of the global NTD road map 2021-2030 in November 2020, which provides the framework for accelerating collective action. As part of the progress achieved in the Region in 2020, forty-five countries in the Region were implementing NTD master plans and Malawi and Togo were validated for having eliminated LF and human African trypanosomiasis as public health problems respectively. This builds on Togo's elimination of LF as a public health problem in 2017 and Ghana's elimination of trachoma as a public health problem in 2018. Dr Moeti stated that these are historic public health achievements and she commended governments and their partners and communities who contributed to these successes. She went on to highlight more achievements in the Region: in the African Region since 2015, the number of HAT cases has dropped by 64%; leprosy cases have declined by 11%; and BU cases have almost been halved. She emphasised that efforts to eradicate yaws can be accelerated due to the donation of azithromycin by a Brazilian company. Action to eradicate GW disease is progressing and an additional push is needed to overcome challenges related to emerging infections in animals, surveillance and service delivery in areas affected by insecurity and conflict, and inadequate domestic funding. Dr Moeti stressed that through ESPEN and the launch of the online ESPEN Portal, there is full transparency and data access to accelerate progress towards elimination of NTDs amenable to PC. She indicated that the Portal is expanding to include all NTDs as well as water and sanitation service coverage, malaria, HIV and tuberculosis. She called for additional resources that are needed to fully implement NTD master plans, including from domestic sources with additional funds from partners. She highlighted the need to invest in research and development and innovative strategies and better tools to diagnose and treat NTDs. Dr Moeti urged the participants to use the opportunity presented by the meeting to share experiences and ideas towards accelerating strategic and operational actions, now more than ever to eliminate NTDs for a healthier and more prosperous Africa.

After the welcome address by Dr Moeti, a video (<https://www.youtube.com/watch?v=ef1Hsk1HRIQ>) entitled 'ESPEN and the fight against NTDs: Progress Video' was screened. In summary, the video indicated that 600 million people in Africa are affected by NTDs, causing death, blindness, disfigurement, chronic pain, cognitive impairment and other long-term disabilities that constitute obstacles to education, employment, economic growth and overall development. In 2012, pharmaceutical companies, donors, endemic countries and nongovernmental organizations came together in a monumental step to sign the London Declaration on Neglected Tropical Diseases. Through the Declaration, they committed to control, eliminate or eradicate 10 NTDs by 2020 and improve the lives of over a billion people. Since the 2012 London Declaration, three countries in Africa have eliminated at least one NTD as a public health problem. The countries that received validation are:

- Ghana for trachoma in 2018
- Togo for LF in 2017, and HAT in 2020
- Malawi for LF in 2020.

In addition:

- Leprosy has been eliminated as a public health problem across the African Region in all Member States except for the Comoros.
- Forty-one Member States in the Region are certified to be free of dracunculiasis.
- The number of people requiring PC in the WHO African Region dropped from 603 million in 2015 to 588 million in 2019 thanks to the successful elimination drive, resulting in people no longer requiring MDA.

The population requiring treatment from 2013 to 2019 decreased by:

- 150.4 million for LF
- 90.4 million for onchocerciasis
- 31.3 million for trachoma.

All 44 countries endemic for schistosomiasis are in the process of optimizing implementation of targeted interventions, with the use of the ESPEN subdistrict analysis tool. Although tremendous progress has been made in addressing NTDs since the London Declaration, some challenges remain. COVID-19 has led to disruptions of MDA across the Region, but 31 countries have already resumed MDA, applying specific risk mitigation strategies prescribed by WHO headquarters and WHO/AFRO ESPEN to avoid risks during MDAs and to further contribute to the fight against COVID-19 during MDAs. NTD community health workers are on the frontline in combating COVID-19, and are directly involved in the integrated fight against COVID-19 and NTDs.

A video was screened in memory of three NTD warriors who died in 2020: 'Memorandum: Celebrating the lives of Dr Ricardo Thompson, Dr Ghebrat Yohannes, and Mr Gyepi-Garbrah Edward'. The following script was read in the video:

**Dr Ricardo Thompson**

On 21 June 2020, Dr Ricardo Thompson untimely passed away in his home country of Maputo, Mozambique.

Dr Thompson will be remembered as a strong, resourceful and dedicated scientist and researcher in the fight against NTDs and other diseases. From 2001 to 2008, he served as Scientific Director of the National Institute of Health in Mozambique and as from 2009, as a member of the LF Regional Programme Review Group (LF-RPRG) of WHO's Regional Office for Africa. He chaired this Group from 2011 to 2014.

From June 2014, he served as Vice-Chair of the NTD-RPRG. As from July 2017, Dr Thompson was a member of the Onchocerciasis Technical Advisory Subgroup of the WHO Strategic and Technical Advisory Group for Neglected Tropical Diseases' (STAG-NTD), Working Group on Monitoring and Evaluation. During his outstanding public health experience spanning more than 25 years, Dr Thompson authored and co-authored numerous papers in well-known journals and participated in many strategic meetings and WHO missions to several countries in Africa. Dr Ricardo's expertise will be greatly missed by the global public health community and he will be remembered for his optimism, commitment and dedication. WHO/AFRO extends its deepest condolences to his family, friends and relatives.

**Dr Ghebrat Yohannes**

On 5 April 2020, Dr Yohannes passed away in Asmara, Eritrea. He joined WHO on 2 January 2002 as a National Professional Officer at the Country Office in Asmara, Eritrea. On account of his dedicated and committed support, working tirelessly with colleagues in the Ministry of Health for the GW eradication Programme, Eritrea was certified free of GW in 2011. At the WCO, he brought his enormous experience in the country to bear on disease prevention and control including NTDs, emergencies and noncommunicable diseases.

His efforts on the coordination of NTD mapping and control advanced Eritrea's concerted action towards the elimination of NTDs. He will be greatly missed. WHO/AFRO extends its deepest condolences to his family, friends and relatives.

**Mr Gyepi-Garbrah Edward**

On 4 October 2020, Dr Edward passed away in Accra, Ghana. During his time at the WCO, he brought his immense experience in the Region to bear on the GW eradication effort in the entire country. He worked tirelessly with colleagues in the Ministry of Health, The Carter Center and UNICEF, not only on GW eradication surveillance and education, but health and hygiene education in general, since the Northern Region, where he was based, was also one of the two regions endemic for trachoma at the time. He was a strong advocate of safe water supply for GW eradication efforts, as well as the implementation of the SAFE strategy for trachoma control in the Northern and Upper West regions.

He also provided technical support to Kenya in their preparation towards certification in 2018, and most recently to Namibia, to facilitate collaboration between Namibia and Angola, in order to strengthen cross-border surveillance of GW disease. WHO/AFRO extends its deepest condolences to his family, friends and relatives.

## PLENARY SESSION 1: NTD ROAD MAP 2020 TARGETS, CELEBRATION OF MILESTONES

Dr Kwabena Boadu Oku-Afari, Chief Director for the Ministry of Health Ghana, was asked to respond to the following key questions regarding the validation of the elimination of trachoma as a public health problem in Ghana:

- *Ghana was validated for having achieved the elimination of trachoma as a public health problem in June 2018 as the first country in WHO's African Region. Would you please share with us the most important factors that helped you achieve this milestone?*
- *What lessons could other trachoma-endemic countries in the African Region learn from the experience of Ghana's trachoma elimination efforts?*
- *Validation of the elimination of trachoma as a public health problem is a reversible condition. What is Ghana doing to sustain its achievement?*

He presented the following factors as contributing to this great success:

- Evaluated of the burden of trichiasis between 1999 and 2003, which presented the baseline survey and established endemicity of trachoma in all districts.
- Implementation of comprehensive interventions, the SAFE (Surgery for trachomatous trichiasis, Antibiotics, Facial cleanliness, and Environmental improvement)

strategy. This included 27 000 latrines constructed by 2015, and provision of safe water through 3500 boreholes and hand-dug wells.

- Strong monitoring and evaluation, which included a mid-year assessment in 2007 and surveillance in all endemic communities as well as pre-validation surveys in all endemic districts.
- Intersectoral collaboration coordinated by the Water and Sanitation Agency, including Government commitment to the elimination of trachoma, Ministry of Local Government playing a focal role in the provision of water, the Ghana Education Service taking a leading role in education of children; and the media leading social mobilization and community education on facial cleanliness.

He noted that lessons other countries could learn from the experience of Ghana included ensuring quality baseline surveys as per the WHO protocol, adherence to the WHO SAFE strategy, government commitment, sustainability measures for elimination activities as achievements are reversible if not sustained, and having policies in place such as ensuring for example, 20 litres of water per person per day, having water at least within 500 meters and enacting laws against open defecation.

His Excellency the Honourable Minister of Health of Togo, Professor Mustafa

Mujiyawa, responded to the question on the elimination of LF and HAT in Togo:

- *Togo was validated for having achieved the elimination of HAT as a public health problem in June 2020. Would you please share with us the most important factors that helped you achieve this milestone?*

Togo is showing keen interest in the fight against NTDs and is making it a priority in its overall development programme. After the elimination of LF as a public health problem in Togo in 2017, becoming the first country in Africa to achieve this result, Togo has just announced the elimination of human African trypanosomiasis (HAT) in June 2020. This is a welcome achievement. To achieve this last result, Togo proceeded as follows:

- Integration of HAT as an NTD;
- The disease was designated as a priority to be monitored within the framework of the IDSR;
- Technical and financial support was received from WHO and partners;
- Organization of the fight at the national level was based on:
  - Reinforcement of screening by mobile teams;
  - Establishment of a specific National Programme for the fight against HAT;
  - Refining the historical mapping of areas formerly endemic for HAT;
  - Active surveys between 2004 and 2008, which

confirmed the absence of new HAT infections.

In 2009, at the Bamako conference, countries were invited to set up sentinel sites. Togo is committed to setting up two (2) sentinel sites for a systematic search (active and passive) of HAT cases at these levels. A good health information system has been put in place with the production of monthly reports as well as collaboration with the livestock subsector. Also, a Committee of Experts has been set up and this committee has defined the precise criteria for eliminating HAT as a public health problem.

Finally, the experience of Togo can be useful to all countries and it shows that it is possible to eliminate this disease, especially since the endemicity levels were low at the start. Political will is always required to achieve success in the fight against HAT.

**Round table: Mark Bradly (MERCK) and Emily Wainwright (USAID).**

**Q.** *What is the most significant accomplishment under the current road map (2020)?*

**Emily Wainwright** acknowledged that much had already been done before the road map 2020, including the Oncho activities under APOC, GPELF; but there was need to scale up and provide new tools with the road map mobilizing stakeholders around these issues.

Four things that stand out:

- ✓ Expansion of donor support under the road map;
- ✓ Private philanthropy e.g. The END Fund that has supported the road map and worked with countries, WHO and other partners;
- ✓ Huge expansion of NTD programmes in countries. NTD programmes expanded and matured, supported by new tools for interventions and M&E;
- ✓ Key investments especially in mapping of NTDs, e.g. 2.6 million people surveyed for trachoma alone, through DFID support.

**Mark Bradley** commended the three countries that have been validated for eliminating one or more NTDs, and others that have succeeded in ending MDA in several districts. He acknowledged the Rockefeller Foundation for the very early support it provided to institutions that focused on neglected tropical diseases. In the more recent era, large-scale control and elimination efforts were fuelled by initiatives such as Merck's 1987 Mectizan donation programme, followed by other donations for control of trachoma, and a proliferation of other private-public partnerships that made a significant impact in the last eight years of the NTD road map 2020, during which the donations doubled. Currently there are 17 different products that are being donated by industry towards NTD control. Today, 17 countries throughout the world including Togo and Malawi in the African Region have eliminated LF as a public health problem, while onchocerciasis is largely eliminated

in the Americas along with some foci in Africa. Coverage of ivermectin is 84% for persons needing treatment in Africa. Nine (9) countries in the world have eliminated trachoma. Since 2001, HAT cases have dropped by 96%, particularly *T. gambiense* in Africa. In 2020, WHO acknowledged that elimination targets for HAT had been achieved throughout the African continent. Schistosomiasis and STH control and elimination efforts have been significantly scaled up. Most contributing industry partners have committed to long-term donations to facilitate the achievement of the goals of the 2030 road map.

*Q. What have been the key elements for successful engagements between partners, governments and WHO?*

**Emily Wainwright:** There were clear measurable targets and interventions, speaking with one voice, when we needed to stop and celebrate, understanding each other's roles, having a research community focused on operational research.

**Mark Bradley:** Having clear targets and defined endpoints for the prioritized NTDs has contributed to the success. Having a strong WHO in Geneva and other levels, sensitive to the needs of Member States, and of industry and the donor community has been key. Other factors include open dialogue, strong regional WHO offices, especially the launch of ESPEN. High-quality information and data from Member States, and managing the same in-country.

Q. *Where do we want to go?*

**Emily Wainwright:** Find a good balance between disease-specific targets and systems strengthening for NTDs at country level for sustaining the gains. Recognize and capitalize on the contribution of Member States. Multisectoral coordination with routine, ongoing communication with all sectors. What can we learn from other sectors, good and bad? Advocacy needs to be sophisticated and tailored to the needs of the country.

**Mark Bradley:** Communication builds on mutual trust among stakeholders. Universal health coverage on NTDs will be achieved if there is quality and timely NTD data. Strong national programmes that align with the global targets to provide a rationale, sustained the large investments from external partners. Shifting the focus from measuring process to measuring impact will require continued domestic funding too, to keep external investment involved.

## **PLENARY SESSION 2: ESPEN FRAMEWORK IN THE CONTEXT OF THE NTD ROAD MAP 2021-2030**

Patricia Amira welcomed the four panellists (Dr Benjamin Djoudalbaye (AU), Emily Wainwright (USAID), Dr Maria Rebollo, ESPEN, and Dr Mwele Malecela, Director, NTDs, WHO) and started the discussion.

Q. *Dr Mwele, when considering the new 2030 road map, what are the three*

*biggest differences compared to the 2020 road map?*

**Mwele Malecela:** On 31 December this year, we are coming to the end of the first road map and I think the video really showed the tremendous progress achieved. First, really making sure that the medicines donated are delivered to the population. We are able to deliver medicines to a billion people for five consecutive years worldwide for various NTDs. We had 43 countries worldwide that have eliminated at least one NTD, we can see the great progress achieved in three countries in Africa. That is great progress. Nonetheless, we are not there yet. What we did two years ago was to ask the entire NTD community as a whole, how could we get to where we need to be? What can we do to make progress since we have not finished the job? I think what came out of this is what has ended up being the three shifts.

The first thing was impact, accountability for impact and looking at impact as one of the driving forces for change. Looking at how we can ensure that we measure impact and use those measurements to tell our story in a better way to increase funding from the donor perspective, to get government support and to be able to track our progress in a more coherent way. The second one is moving from a vertical to a more holistic approach. The holistic approach is the integration of the 20 NTDs that we work on. Then, there is the mainstreaming into the health system. So,

looking at what can be mainstreamed, not everything can be integrated, not everything can be mainstreamed, but we have to start looking at what can be mainstreamed into the health system and into the whole development ecosystem of a country. Finally, within the holistic approach there is need to look at a multisectoral approach. Ensuring that water, sanitation and hygiene, education and health are involved. The final shift is the shift to country ownership. I think as a community, we agree that by pushing these forward we will make great success and the greatest impact.

*Q: Maria, how does the new ESPEN Five-year Framework (2021-2025) contribute to achieving the three major shifts in the entity road map?*

**Maria Rebollo:** I think a global road map requires a national and regional approach in order to be successful. WHO has three levels: country offices, regional offices and the global level. The country offices are critical in implementing this road map. The ESPEN Framework is aligned with the global NTD road map. The ESPEN Framework has five objectives. The first objective is to scale up integration and reach 100% geographical coverage. We focus on districts where we would like to see functional integration at district level. Then, the integration of interventions such as WASH and vector control in addition to MDA. The second objective focuses on impact. We would like to see how our programmes are producing impact, not

just process. This includes strengthening laboratory capacity, supporting countries to conduct high-quality impact assessments. The third objective is to strengthen the health information system. Data are critical to measure progress and success. High-quality data is fundamental to measure if the NTD road map is implemented properly. We have developed multiple tools including the ESPEN Portal and ESPEN Collect to support countries in the continuum of data generation and use. Structurally, at WHO/AFRO, integration is happening. ESPEN is within the Communicable and noncommunicable diseases Cluster lead by Dr Alexandre Tiendrebeogo. One example is that the ESPEN Portal will be expanded to cover all NTDs, WASH interventions, malaria, tuberculosis and HIV. This will help enhance integration and cross-sectoral collaboration. The fourth objective is to strengthen the supply chain system; through this objective we are supporting the strengthening of the overall health system. The fifth objective is country leadership and sustainability. Under this objective, we support countries to develop NTD master plans in alignment with the NTD road map 2030.

*Q. What are the African Union priorities for health and in particular NTDs for the next 10 years?*

**Benjamin Djoudalbaye:** The AU has a big continental agenda on the control and elimination of NTDs. NTDs are a public health priority for the continent. The continent has a development agenda,

which is, called AU Agenda 2063: The Africa We Want, which envisages a continent with healthy and well-nourished citizens. There is also another document, the Africa Health Strategy 2016-2030, which has the vision of an integrated, inclusive and prosperous Africa free from its burden of disease and disability and premature death. From this strategy, we developed the continental framework to control and eliminate NTDs in Africa by 2030. The vision of the continental framework on NTDs is an Africa free of all NTDs by 2030 and the mission of the framework is to strive towards the integration of strategies and efforts to be deployed by Africa to control and eliminate NTDs across the entire continent and contribute to their global eradication. The Continental Framework has four objectives: (i) To fully integrate interventions for control of NTDs through a multisectoral approach, which includes WASH, health education, vector control and veterinary public health, preventive chemotherapy and innovative and intensified disease management; (ii) To harmonize community-based initiatives, which include community engagement and ownership; (iii) To advocate for establishment of fully functional NTD programmes through the provision of adequate domestic resources; (iv) To coordinate with other relevant sectors at national level for integration of NTDs into mainstream health initiatives such as utilization of existing primary health care facilities and inclusion into information system platforms such as DHIS2.

**Q:** *How is USA ID thinking about NTDs for the next 10 years?*

**Emily Wainwright:** Over the past 10 years, USAID invested a lot in the core components of disease programmes, including mapping, supporting implementation in-country and monitoring impact. Now we are moving into a new space. Therefore, right now we have four key areas of investment that I think build off the past but also really align well with the new NTD road map 2030. The first one, I think, is a lot about people; we are talking about impact. I would actually call it, making sure that we get the job done. Therefore, there has been a lot of investment in getting countries close to achieving their control and elimination goals. In addition, we need to finish that. USAID right now supports about 27 countries; there are 15 countries that should be able to submit dossiers for validation of at least one disease in the next five years. We have to finish that job if we do not finish that right now. The second piece is we have invested a fair amount in operational research in the past. However, I think the road map highlighted it nicely. There is a critical gap in diagnosis; if we do not tackle diagnostics we are not going to be able to document success or be able to make important changes. Therefore, we are doing a completely new push to invest in moving diagnostics forward. The third piece is really looking at the sustainability component. Now, we have altered the way we are providing support to governments to help them define sustainability for their national NTD

programme. Therefore, we are planning on starting a process of working with them. The fourth part, is continuing to reinforce and expand the partnerships that make this all possible, so that we do not lose sight of that.

*Q: You have all mentioned the word sustainability as a critical factor for NTD programmes to succeed. Would you please unpack WHO's vision or approach for sustainability as it pertains to NTDs?*

**Mwele Malecela:** WHO and the NTD department are not trying to reinvent the wheel in the context of sustainability.. Therefore, what we hope that the sustainability framework for action will do is to support the road map by providing a way to conceptualize sustainability efforts. So, to evaluate progress, it is necessary to identify actions and then look at embedding those actions into the existing policy framework. This framework, at the end of the day, aims to strengthen political, financial commitment and technical capacity for sustainability to achieve the 2030 targets and milestones and to ensure that we achieve success in the SDG and UHC objectives.

In order for us to ensure that countries' national health systems are able to maintain or increase the effect of coverage of interventions and to achieve these outcomes identified in the 2030 road map, we need to support the integration and mainstreaming of NTD programmes where possible. This will come from countries tracking, planning, financing and driving programmes. We also need to recognize

more the contribution of endemic countries in terms of both human and financial resources and we need to encourage more and longer-term commitments from endemic countries. The framework is about a road to sustainability. Countries themselves will decide what their road to sustainability is, how they will travel it and what they will get out of it and we will be there to support the countries.

*Q: How is ESPEN thinking about sustainability?*

**Maria Rebollo:** Sustainability should be aligned with the reality of the country, the district, and the subdistricts. ESPEN is providing support for full transparency on the epidemiology of these diseases at each level. ESPEN is providing this through the ESPEN Portal, which provides direct access to the epidemiology of NTDs, interventions, and WASH indicators. ESPEN through the WHO structure clearly understands the local and health system environment which is critical for sustainability. ESPEN can also support countries in establishing working groups for the development of a sustainability framework. ESPEN is also in the process of developing self-assessment metrics for monitoring sustainability frameworks. We are also establishing an annual reporting system on achieving sustainability plans.

*Q: What strategic approaches is the AU proposing to increase sustainability in its Member States?*

**Benjamin Djoudalbaye:** An initiative at the Head of State and government level, led by His Excellency President Kagame of Rwanda. This is an initiative to set up regional financing within the regional economic communities across the Region. We have started piloting with the East African Community. There is also a domestic health care financing tracker, which tracks countries' expenditure on health through domestic resources.

**Q:** *How does factoring in sustainability influence or impact the way donors provide support to countries?*

**Emily Wainwright:** The donations and partnership with the pharmaceutical company have been a real game changer. Nevertheless, I think sometimes we are driven as donors to think a little bit more towards a humanitarian assistance approach or taking a little bit, some of the principles of the humanitarian sector, instead of a true, development approach. Going forward for starters, we are reinforcing government authority and leadership and not unintentionally undermining it. I think we need to look carefully at how the support we are providing is not just in achieving the disease objective, but also we are doing it in a way that strengthens the capacity in the country to provide that service. We should have asked governments for greater investment. Finally, the coordination, collaboration and planning process is strongly led at the national level.

## Country experiences

Country experiences were shared by Dr Mubangizi Alfred, National NTD Manager and Assistant Commissioner, Vector-borne and Neglected Tropical Diseases, Uganda and Dr Abdoulaye Meite, National NTDs coordinator, Côte d'Ivoire.

**Q:** *What sectors participated in developing the NTD sustainability plan?*

**Mubangizi:** Many sectors participated in developing the sustainability plan in Uganda. The three main sectors were different ministries, local governments and various partners (NTDs and non-NTDs). Among the ministries were the Office of the Prime Minister, departments of the Ministry of Health (Department of environmental health, Department of national diseases control, programme managers for vector-borne and tropical diseases), Ministry of Education and Sports, Ministry of Local Government, and Ministry of Water, delegates from districts endemic for NTDs. The partners were WHO, RTI/Act End NTDs, Sightsavers, Lions Club, The Carter Center, Ascend, World Vision and the Office of the UN High Commissioner for Refugees.

**Q:** *What was compelling to the education sector compared to the Ministry of Education? What brought the Ministry of Education to be part of the sustainability plan?*

**Mubangizi:** There were initial discussions with delegates of these Ministries on the sustainability plan. These Ministries are

aware and informed on cross-cutting aspects of the sustainability plan. The Ministry of Education, for example, has been affected as some students live in schistosomiasis and trachoma endemic areas where access to clean water is a real problem and require their support. The Ministry of Education has always been involved in MDA in schistosomiasis and LF endemic districts. What brought all these Ministries to participate in the development of the sustainability plan is the multisectoral approach needed when tackling NTDs and the fact that affected areas are of low socioeconomic status with enormous challenges.

**Q:** *Dr Meite, Alfred has just mentioned quite a number of sectors or partnerships Uganda has been involved with to boost the development of the NTD sustainability plan. Is it a similar thing for you in Côte d'Ivoire? In addition, how is your country using the current document to facilitate alignment across sectors and improve support with those sectors?*

**Meite:** I thank our partner FHI 360 and USAID for the technical and financial support provided respectively. To elaborate such a document, one needs to identify the targets for the success of the plan. It is one thing is to elaborate the plan, and another to have all the necessary support for the implementation of the plan. Many ministries supported the development of this plan. First, the Ministry of Health and within it, there was support from the higher level, the Office of the Minister of Health, the Direction

Générale de la Santé [General Directorate of Health], and all NTD programmes of the Ministry of Health. Secondly, the following Ministries were also involved: Budget, Education, Environment, Agriculture, Water and Sanitation and finally partners, WHO, Ascend and other NTD implementation partners in-country.

**Q:** *How are you going to hold all these sectors accountable in Côte d'Ivoire?*

**Meite:** One thing I would like to highlight is that this sustainability plan is not for the Ministry of Health only. This is the main reason why from the beginning of the process, all the sectors I mentioned were brought on board. In addition, it was clear to all actors involved in the control and elimination of NTDs that this is going to be a national plan and therefore all are held accountable.

### **PLENARY SESSION 3: NTD MASTER PLANS 2021-2025: OVERVIEW OF THE FRAMEWORK FOR DEVELOPMENT AND PRESENTATION**

Dr Maria Rebollo (WHO/AFRO/ESPEN) presented on the development of the new generation NTD master plan, the challenges and lessons learnt from the previous NTD master plan guide. She presented on the importance of the NTD master plan as an essential strategic document for governments to effectively plan and implement sustainable NTD programmes in the African Region. She also highlighted the fact that it provides

programme goals, objectives and a yearly strategy based on extensive situation analysis, and addresses all components of the NTD programmes relevant to the country, enhances synergies among various NTD initiatives, provides the basis for integrated NTD project plans and includes costing and financing requirements for effective NTD programme performance. The country NTD master plan also forms the basis for harmonized implementation and performance monitoring of all NTD interventions in a country. She stressed that the previous NTD master plan guide developed in 2012 served in building two generations of NTD master plans (2012-2015 and 2016-2020). With the new global NTD road map (2021-2030) and its strategic shift, it was important to prepare a new master plan development guide. Before the development of the new NTD master plan guide, feedback was collected from Member States and partners on the previous master plan guide, to understand what actually worked. She described the results of the survey. Of the 45 participants who provided feedback on the master plan, there was consensus on the fact that the previous master plan guide was useful in the preparation and implementation process, with an average rating of 7.9/10. Training of technicians involved in preparing the plan, the SWOT analysis, and the governance component were all highlighted as areas that worked really well in the previous master plan guide. A few things were noted that did not work well overall: the document was generally perceived to be too long; there was an

inadequate costing tool for activities; a participant mentioned weak diagrams; and another mentioned that the guide was too generic and did not align with the country context. When she was asked by the participants what was missing from the previous master plan guidelines, she described the following components that were listed multiple times: the executive summary; WASH and NTD links; the risk and mitigation plan; realistic disease-specific target-setting and how to shift from a siloed to an integrated approach; guidance on things to do to prepare now for post-elimination surveillance; advice on how to move forward the internal approval process; integration and morbidity management; encouragement to countries to capture subdistrict-level data; cultural aspects and reducing the social determinants of NTDs; and the clear Logic Framework or theory of change. She presented the key components of the developed new NTD master plan guide. The NTD master plan process management cycle has three components: it assesses performance and commitment, which responds to the question, 'where are we now?'; it sets the strategic agenda, which answers the question, 'where does the programme need to be'? In addition, it defines the operational framework, which answers the question, 'how do we get there?' She also emphasized that the implementation of the NTD master plans should be evaluated through a mid-term review. A mid-term review provides important data for decision-making and taking stock of initial lessons from experience. This provides the national

programme with a basis for identifying appropriate actions to address particular issues or problems in design, implementation and management; and reinforce initiatives that demonstrate a potential for success. Dr Maria Rebollo also presented the key components of the NTD master plan guide, including key issues, concepts and models, templates and key reference documents.

Dr Biswas Gautam (WHO headquarters) presented on the road map for NTDs 2021-2030: implications for national plans. He provided the key components of the NTD road map, pointing out that it was developed following a consultative process and finally approved by the World Health Assembly. The road map has four overarching targets, 10 cross-cutting targets and milestones for each of the 20 diseases. The diseases are grouped according to the goal set for each of them: eradication, elimination of transmission, elimination as a public health problem and control. In the previous NTD road map 2012-2020, implementation over the nine years achieved significant progress; we treated over a billion people for at least one NTD; 42 countries have eliminated at least one NTD; 500 million people are no longer requiring interventions against at least one NTD. All this amounts to significant progress, but most of the targets of the first NTD road map 2020 are off track. That is why during the consultation process, everyone reflected on what should be done differently and the lessons that could be learnt from the first nine years. That explains why three strategic shifts were highlighted in the road

map. **First, accountability for impact.** This signals the move from process and coverage to impact at population level. What is the health impact we can make over the next 10 years? **Second, a holistic, cross-cutting approach.** Historically, we have NTD programmes that have developed individually and have been further strengthened. There has been some emphasis on integration on platforms like PC and others, but we are still largely following a siloed approach, so the second shift is towards a more holistic approach, which goes beyond integration, when there is a common platform to merge them. **Third, programme ownership.** Moving from externally driven and supported programmes to ones that are more country-owned. Some countries may have already taken ownership to a great extent, but many countries are not there yet. Country ownership is an essential component of sustainability. It means that a country makes its own decisions. It identifies NTDs as part of the national health policy, allocating domestic financing or a budget line for NTDs. The other part of the road map that reflects the three shifts is the three pillars on which the road map is built, to wit: accelerating programmatic action; intensifying cross-cutting approaches; and changing the operation model to facilitate country ownership. An important aspect of the road map that can be used by country master plans is the heat map. It is a summary of the major gaps which prevent the programme from reaching its goal. Countries can adapt these aspects when developing their NTD master plan.

Countries can assess what they know, and identify the major bottlenecks. Countries can also identify key indicators they can share with the NTD road map for all 20 NTDs. There are additional complementary documents that countries can consult when developing their master plan. These include the sustainability framework for action, the investment case, the monitoring and evaluation framework, the updated strategy on WASH and NTDs, and the NTD research portfolio.

Following the two presentations, three countries shared their experiences on the development of the third generation of master plans.

#### **Democratic Republic of the Congo (DRC)**

- In reviewing the last strategic plan for the DRC, we were able to identify areas with shortcomings before seeking to improve those functions in the third generation of the plan.
- We also reviewed sanitation policy directives and the national plan. This was a collaborative process.
- Monitoring and evaluation was conducted to assess the strengths and weaknesses of the last plan, particularly around the administration and financial components.
- Regarding the development of documents, after this review, it was useful to start with a meeting inclusive of all stakeholders, to ensure we were on the same page and had the appropriate tools. The

NTD programme was at the centre of this conversation. Other programmes involved in the same area (such as the WASH and finance sector) were involved in the discussion as well.

- WHO was also very involved in the discussion, in addition to our other technical and financial partners.
- Owing to the number of players involved, we had to take some time to harmonize the strategies to ensure we accounted for everyone's input from the different programmes.

#### **Ethiopia: How can the NTD master plan development process be made more participatory?**

- We established a national core team that supported the Ministry in developing the master plan.
- A high-level consultative workshop was organized with the involvement of national and international experts and partners.
- All NTD approaches were followed to include NTDs that were not addressed in the previous master plans.

#### **Côte d'Ivoire**

- The country is still at the beginning of its master plan process, but has benefited from high-level commitment on a multilateral scale, including high-level

commitments from the Ministries of Education, Health and Water.

- They are the first country to finalize their sustainability plan.
- In developing the plan, they had to identify the right targets – as such they identified sites they knew would have more sustained and successful results.
- Several ministries were involved in drawing up the plan:
  - MoH: Within the MoH, we had the Minister's Office, the Director General of health, and all the NTD technical departments.
  - An intersectoral approach was adopted as well – Ministries of the Budget, Education, Agriculture, Water and Sanitation.
  - WHO as well as partners supported us countrywide.
- Holding these sectors accountable in these plans: first, the sustainability plan did not come from the MoH itself; we did involve stakeholders from the beginning so we could work synergistically together to enable ownership from every stakeholder.
  - Adopting this inclusive approach helped bring together all the sectors. This made it a national and sustainable plan.

## **SESSION 4: PILOTING JOINT MDA AND ACTIVE CASE FINDING OF LEPROSY, BU AND OTHER SKIN NTDs IN THE FOREST REGION OF GUINEA**

### **Introduction**

Despite the significant progress made in the control, elimination and eradication of NTDs, challenges remain, among which are insecurity and inadequate domestic funding for country NTD programmes, making it difficult to extend comprehensive NTD services to the majority of the population in need. A lot remains to be done in countries to improve domestic funding of programmes, coordination and integration of interventions, in order to derive optimum benefits from the limited resources. The Global NTD 2021-2030 road map and sustainability framework identifies integration as a key strategy for sustaining the gains made by NTDs and achieving the targets and goals of the NTD road map. In this regard, Guinea had taken this initiative (integrated approach) on board, and gone ahead to carry out a joint MDA and active case finding of leprosy, BU and other skin NTDs. The general objective of the session was to share experiences in the implementation of NTD case finding and management, using every available opportunity, such as during MDAs, through effective collaboration, planning and integrated implementation. Specifically, country experiences in piloting joint MDAs and active case finding of leprosy, BU and other skin NTDs in the Forest Region of Guinea.

## Presentation

Guinea's presentation focused on sharing the country's experiences in joint MDAs and active case finding of leprosy, BU and other skin NTDs in the Forest Region of Guinea, and was made by Dr Michel Sagno, Head of the Monitoring and Evaluation Unit, MoH/NTD, Guinea, with support from Dr Ahmadou Barry, NTD/NPO at the Guinea WHO Country Office.

Giving the background to the work done, the results of which were presented, Dr Sagno pointed out that the scarcity of resources and the growing needs of the goal of controlling and eliminating NTDs in Guinea, informed the decision of the country and her development partners to opt for the integration of resources in order to optimize health services at the community and more peripheral levels. He said Guinea's national health development plan includes greater involvement of the populations in the management of their health problems. In this regard, Guinea developed a partnership between the communities and the health services through the strategy of treatment with ivermectin under a community directive, with the setting up of the National Onchocerciasis Control Programme at the time or even mass drug distribution in the event of co-endemicity of these NTDs with PC.

Summarizing the activities carried out under the project, Dr Sagno said the country took advantage of 1904 drug distribution agents present in 3129 villages in the country. The pilot project was

therefore developed to focus on the integration of NTDs amenable to PC and CM-NTDs. These included onchocerciasis, LF, schistosomiasis, soil-transmitted helminthiasis, leprosy and Buruli ulcer. This project was implemented in three health districts, namely Lola, N'Zérékoré and Yomou II. He listed the objectives of this project as:

- ✓ Strengthening treatment with ivermectin under community guidelines and the massive distribution of drugs to eliminate or control neglected tropical diseases;
- ✓ Contributing to the elimination of leprosy and the control of BU in the study areas based on the experience of community distributors.

The project was carried out in two phases consisting of (a) a preparatory phase that focused on the recruitment of a consultant, the development of the protocol and research tools as well as the mobilization of resources, and (b) an implementation phase focused on sensitization of community leaders in the study areas, training of actors at different levels, enumeration of households, and finally the actual distribution of drugs, integrated with screening for leprosy and Buruli ulcer. Overall, a population of 557 974 people were reached at the household level in the three health districts, including 494 887 people aged 5 years and over. Of these, 461 068 were treated, with a mean programmatic coverage of 97%, and a mean epidemiological coverage of 87% in

the three districts).<sup>1</sup> During the exercise, several suspected NTD cases were discovered: 156 cases of leprosy, 176 cases of Buruli ulcer, 22 cases of hydrocele and 35 cases of elephantiasis.

Among the lessons learnt, the team observed that the integration of screening activities for CM-NTDs with mass chemotherapy treatment for PC-NTDs was effective and efficient, and the picture cards used were good tools for awareness raising and active screening. The activity demonstrated the resilience of the national programme in controlling neglected tropical diseases in the face of the COVID-19 pandemic.

Dr Sagno thanked WHO and Partners for the support provided in carrying out the pilot project, and called for support and funding to strengthen the integration of NTD activities. He expressed the Ministry's appreciation and thanks to AFRO for inviting them to share Guinea's experience.

### **SESSION 5A: NTD SUPPLIES MANAGEMENT AND COUNTRY EXPERIENCES IN CM-NTD INTERVENTIONS**

This session was chaired successively by Dr Alexandre Tiendrebeogo and Andrew Korkor. They started by recalling the main points of the previous day's sessions that highlighted the experience of countries that integrated mass drug distribution and

administration activities in the ongoing context of the COVID-19 pandemic for PC-NTDs, then introduced the day's session dealing with case management NTDs, under two major points:

- (1) Drug supply request tools for PC-NTDs;
- (2) The experiences of different countries.

Dr Korkor led the rest of the presentations and discussions to address the two points mentioned above:

#### **(A) Leprosy procurement tools**

The HQ procurement officer presented the annual drug request tool, which is an intermediate version, to be submitted in DHIS2.

This form is similar to the Excel version currently used by all countries.

There is a page that explains the different steps (structure of the form, information to be provided, filling instructions, the link to the new processing guidelines).

There is an electronic signature that will be used.

Currently, it is not yet possible to directly transmit the request via DHIS2, but in the following months this will be possible through this channel exclusively.

#### **(B) Visceral leishmaniasis**

The integrated supply system called WIMEDS was introduced.

This system integrates all the actors involved, including donors, the ministries of health of the beneficiary countries, the shipping chain.

<sup>1</sup> Programme coverage was 96% in Lola; 98% in N'Zérékoré and 96.6% in Yomou, while

epidemiological coverage was 87.6% in Lola; 84% in N'Zérékoré and 88.5% in Yomou

Contrary to what was done manually, this system is web-based and has several advantages including:

- All actors are part of the system;
- There is automatic coordination;
- Data are stored in the system;
- There is transparency and proper monitoring.

There is a simplified demonstration of how this system works; to know more about it, please visit the WIKI page.

### (C) BU and yaws

The request tool shown is an Excel form that has an introductory page that provides instructions.

The data page related to epidemiological information is the one to fill in and the rest is calculated automatically.

Please note that the categorization by age and other additional information about the stock must be entered manually.

For yaws, it is important to note that there are two types of requests: one for treatment of isolated cases, and the other for mass treatment. There is a yaws surveillance sheet on which the quantities of drugs needed is calculated by entering the populations of the districts.

A discussion session ensued, during which some questions were asked:

- What is the annual safety stock planned by WHO?
- When can some countries receive antibiotics for the treatment of Buruli ulcer?
- Stock-out of RT39 in South Sudan.

Below are some answers:

- For leishmaniasis, the emergency stock at headquarters is for the treatment of 1000 patients.

- Following the onset of the COVID-19 pandemic; there was an interruption of production and even transport traffic, which is at the root of stock-outs in some countries, especially those with high prevalence.

- There were shipments arriving in Geneva at the time that could be shipped to countries in three weeks (in early 2021, the situation may return to normal if COVID-19 does not escalate).

- Countries are encouraged to send their orders and some must give the green light that has been requested of them for the shipment of drugs.

- Novartis is working to analyse the batches in stock at its facilities before testing the quality of the batches of products that were already shipped to countries.

### SHARING OF COUNTRY EXPERIENCES

Two subpoints were dealt with, namely: Integrated management of PC-NTDs and mass drug administration (MDA) and post-exposure prophylaxis (PEP).

#### (1) Integration

Four countries (Burkina Faso, Cameroon, DRC and Côte d'Ivoire) shared their experiences of integrated research projects for PC-NTDs, which are co-endemic in these countries (leprosy, BU and yaws). They surmounted the challenges encountered and learnt lessons that differ from one country to another (see list in appendix).

#### (2) MDA and PPE

Out of six countries, four (DRC; Madagascar; Comoros and Tanzania) were able to present their experiences on this subject.

For some, studies are still in progress and preliminary results are encouraging. For those that have concluded, the conclusions include the fact that the PEP is well accepted by the populations and contributes to increased detection of cases among the contacts. The countries have not yet integrated the PEP in their therapeutic policies.

Discussions on these two topics enhanced understanding of the types of outreach tools used and the progress made in the implementation of mass distributions of Azithromycin.

The Director of the UCN Cluster closed the session by thanking all the participants and encouraging all to continue to participate in the remaining days of the meeting.

### **SESSION 5B: NTD PROGRAMME MANAGERS' COMMUNITY OF PRACTICE (CoP)**

This session was held on 8 December 2020 and was co-chaired by Dr Karsor K. Kollie who is the NTD Programme Director in the Ministry of Health, Liberia, and Dr Agazi Fitsum.

The session focused on the presentation of the work of the NTD CoP, its vision and its importance for NTD programme managers (PMs) in Africa. It also afforded the opportunity to shed some light on the NTD CoP team made up of a leadership council and the CoP development team. It was also

a great moment to present the CoP development process, followed by a discussion with NTD programme managers, and concluded with a question-answer moment.

CoP was defined as a group of people who share a concern or a passion for something they do, learning how to do their work better as they interact regularly, coming together to intentionally learn from one another and sharing practices and ideas with each other. It was noted that there are communities of practice for several areas including malaria, TB, health care delivery...etc.

The CoP for NTD PMs originated in November 2019 in Maryland, where a group of 12 NTD PMs met to brainstorm solutions for common challenges faced by PMs. During that meeting, they agreed and came up with the following problem statement: "NTD Program managers experience knowledge and resource gaps and how to prioritize, make decisions, manage critical stakeholders, collaborate with sectors outside of NTDs, and effectively execute on programs". Following the discussions, the participants agreed on one common solution, namely: strengthen the community of PMs, including peer learning, mentorship programmes, NTD courses and training opportunities, exclusive programme manager forums.

It was noted during the session that the goal of the CoP is to develop a strong, digitally-supported CoP for African NTD

PMs, providing a platform through which participants can learn from one another and collaborate in the pursuit of reaching national and global NTD benchmarks; and its success would be measured through key performance indicators including improved technical capacity, PM retention, professional satisfaction, quality of work, and standardization of best practices and norms among NTD PMs in Africa.

On the composition of the CoP, it was relevant to include in the structure of the CoP a CoP leadership council chaired by Dr Sultani from Kenya, the CoP development team and the CoP advisory committee. It was also mentioned that the CoP leadership council is open to interested persons and is not limited to only a few members.

The session presenter reiterated that the Leadership Council is a small group of programme managers who provide feedback/guidance to the Development Team, represent the CoP, and make key decisions regarding CoP design and implementation, with some other responsibilities including attending co-development workshops to provide feedback to the Development Team about CoP appearance, usability, features, etc.; providing feedback on the final CoP web tool and meeting six times per year to discuss CoP performance and opportunities to improve.

Regarding the CoP development team, it is made of Manta Ray Media, the University of Washington, and the University of

Global Health Equity located in Rwanda. These three institutions work on a co-designing process which is a collaborative, community-based, consensual practice of designing with people and groups to make a creative contribution in the formulation and solution of a problem.

Their activities developed in three phases include conducting baseline surveys and needs assessments, organizing co-design workshops at phase 1; developing and piloting prototypes at phase 2; and launching of the CoP with one-on-one onboarding and conducting iterative revisions at phase 3.

Another important point presented during this session was on key digital features of the NTD CoP and key in-person features. Regarding its digital features, in addition to easy access to the CoP via mobile phones, the CoP will be in multiple languages, and language inclusivity is a key value of the CoP, together with the other digital features here below:

- Direct messaging between PMs
- Forums to brainstorm solutions to PM challenges/ideas
- PM-only monthly newsletter
- Access to resources (e.g. guidelines, planning tools), and short summaries of what can be found in each resource
- Web links to partner websites and key documents
- Access to online training/webinars, often led by PMs within the group

- Access to online courses through the UW (e.g. monitoring and evaluation, introduction to implementation science, introduction to project management, etc.).

Regarding key in-person features, it was stated that these are mainly in-person meetings in conjunction with existing ESPEN meetings facilitating an annual, two-day, in person-meeting for PMs, and peer-to-peer structured site visits in Year 2, facilitating structured week-long site visits that meet the needs of the PMs including establishing field labs, transmission assessment surveys, vector control.

Some of the advantages of the NTD CoP were presented, including quick access to NTD events, resources, and key PM updates; discussion forums for group problem solving; directory of PMs; and programme information.

The CoP metrics of success were listed as follows: to increase the skills, knowledge, and confidence of NTD PMs in Africa for evidence-based decision-making and leadership; and to strengthen the long-term capacity to meet NTD PM needs through technical, scientific, and administrative support.

This session ended with a Q&A sequence relating to the consideration of different languages, and a suggestion to integrate data management as part of the CoP.

Finally, the presenter invited all participants who would like to be part of the NTD PM CoP or would like to participate in the development of the Community of Practice, to contact them via [ntd-cop@uw.edu](mailto:ntd-cop@uw.edu).

## SESSION 5B: ESPEN PORTAL AND AVAILABLE DATA SOLUTIONS

### (a) ESPEN Portal

Dr Jorge Cano made the presentation on the ESPEN Portal, the NTD data platform and integration of NTD reported data, JAP and TEMF. From his presentation, we learnt about the data collection cycle, from the country through the JAP to the ESPEN database, and how it is processed, then made available on the ESPEN portal. He then presented the new resources available on the ESPEN portal. Next, he presented the MDA and survey forecasting tools. It is a new tool by which implementation units (IUs) present the expected MDA or evaluation survey. Dr Rachel Pullan then presented on how WASH data interacts with the ESPEN Portal.

### (b) ESPEN Collect Support Services

Elia Muhima made the presentation on the ESPEN Collect Support Services. His presentation talked about all the ESPEN services available to assist countries on the disease-specific assessment survey. During the presentation, he explained the end-to-end process of the assistance provided by ESPEN to countries, from the request to the end of the survey.

(c) ESPEN Portal data submission tool  
Mr Honorat Zouré presented the ESPEN Portal data submission tool. It is an ESPEN Portal tool that allows programme managers to submit the JAP directly from the ESPEN Portal. The advantages of using the tool are:

- Files are not lost in the recipient's mailbox
- Visibility on submission of forms and the status of the review
- Stakeholders can contribute to resolving bottlenecks
- Availability of all versions of the forms.

After the presentation by Mr Zouré, Mr Jonathan Nesbitt made a live presentation of the data submission tool.

*(d) Country Health Information Platform (CHIP)*

Mr Alex Pavluck made the presentation on CHIP. It is a project that will solve the issue of countries that do not have their own NTD national database. The CHIP will allow such countries to have secure access to all the data they share with ESPEN. They will access the data publicly available on the ESPEN portal and data not publicly available (data under review). The system will also add visualization to facilitate decision-making.

*(e) NTD Electronic data fragmentation*

This session was also moderated by Mr Alex Pavluck. The session started with the presentation of the results of polls conducted, followed by discussions. The polls indicate that most countries use

electronic data captures and the existence of multiple tools does not necessarily constitute a challenge. If the integration must be done on the existing tools, it should be on the same smartphone application. Below are the results of the polls used for this session.

**SESSION 6: NTD ACTIVITIES AND IMPACT OF COVID-19: COUNTRY CM, MDA AND SURVEY EXPERIENCES**

**Introduction and overview of agenda by Patricia Amira**

The moderator welcomed the participants to the third day of the meeting and provided a quick overview of the agenda of the day. She then briefly introduced Thoko Elphick-Pooley, from Uniting to Combat NTDs, to chair Session 6A on the ALMA scorecard on NTDs.

**Session 6A: ALMA Scorecard on NTDs**

Taking the floor after Patricia's introduction, Thoko provided a quick overview of the session comprising three main parts: (1) an informative presentation on the ALMA scorecard; (2) the 2019 NTD scorecard, and country experiences on the use of the ALMA NTD scorecard by Congo, Sudan, Rwanda, and Kenya.

In her informative presentation, Thoko talked about the origin of ALMA, the malaria scorecard tool, and how it was used as an opportunity to introduce NTDs, as it was already known and accepted by Heads of State. She also highlighted the addition in 2017 of the NTD coverage index

developed by the World Health Organization based on PC-NTDs in Africa, and how it is calculated using a geometric mean.

The second part of the session was on the presentation of the status of the NTD coverage index card by Irene. She highlighted the actions and recommendations provided to countries following the calculation of the scorecard and channels used to communicate recommendations and proposed actions to countries. The third and last part of the session was the country experiences. Four countries were targeted to share their experience; Congo, Sudan, Rwanda, and Kenya.

With regard to country experiences, the representative of Congo was not able to make it due to an emergency. Dr Mousab from South Sudan shared the experience of his country on the use of the coverage index for advocacy purposes. While the country was thinking about which tool to use to advocate for NTDs, the NTD scorecard came in at the right time and a stakeholders' workshop was organized by WHO during which a single indicator and coverage for each NTD among the eleven NTDs endemic to South Sudan were calculated. The tool developed during the workshop was then used to advocate for NTDs during ministerial meetings. Mr Jean Bosco shared the experience of his country, Rwanda, on the use of the ALMA scorecard for resource mobilization and advocacy. Before 2016, MDAs were not implemented because of lack of funding,

and the country was flagged in red. Using the ALMA scorecard tool, the programme was able to mobilize resources which helped the programme to launch deworming campaigns. To sustain NTD activities, community-based deworming campaigns were decentralized, and using the scorecard, MDA data were integrated into the DHIMS. The representative commended the tool which helped him to kick off his programme. For Kenya, the scorecard was used in two areas: first as an advocacy tool to advocate for more resources, and secondly in creating awareness among the implementing partners. As a result, more resources were allocated and availed for social mobilization and MDAs which led to an increase in treatment coverage. Another area of impact is the policy shift which led to the development of the Kenya breaking transmission document and increased coverage for schistosomiasis.

### **Session 6B: NTD activities and impact of COVID-19**

The moderator presented the aim of the session and the two main speakers, Maria Rebollo and Andrew Korkor.

Taking the floor first, Dr Maria Rebollo, ESPEN Team Leader presented on the impact of the COVID-19 pandemic on NTDs. In her presentation, she shared the results of two online surveys conducted in May and November 2020 on the impact of the pandemic on NTD activities and coping strategies. In summary, the pandemic has created both negative and positive impacts. In terms of negative impacts, she

mentioned mainly the expiry of NTDs drugs (36% of countries had NTD drugs that expired in May and 33% in November) and the delays in implementing NTD activities. Despite these negative impacts, the pandemic also had some positive impacts such as the involvement of the NTD workforce in the response (80% of community drug distributors and community health workers, 63.3% of NTD health personnel), awareness by the population of prevention aspects, increased effects of WASH on NTDs, development of guidelines for the implementation of activities, increased visibility of populations at risk for NTDs, additional funding for COVID-19 NTD activities, to name but a few of them. Coping strategies developed by programmes included door-to-door drug distributions by CDDs and CHWs; distribution of medicines integrated with vaccination campaigns; distribution at a fixed unit in health facilities; development of SOPs and field manuals for safe delivery of MDAs in the context of the COVID-19 pandemic contingency quarterly plan; use of existing structures to deliver NTD control services; and coordination with the COVID-19 response. Despite the delays, 34 countries within the Region restarted or planned to restart MDAs in 2020 as of November and 11 countries have planned to resume Pre-TAS and TAS activities before December 2020.

Taking over from Maria, Andrew presented on CM-NTD activities in the Region and the impact of the COVID-19 pandemic. In his presentation, he highlighted 2019-2020

planned activities, proposed actions for 2020 following the programme managers' meeting in Addis Ababa in 2019, and a few activities CM-NTD colleagues were able to implement based on their annual plan in a few countries despite the pandemic. He then highlighted the impact of the COVID-19 pandemic on CM-NTDs. Dwelling on the overall impact of COVID-19, the presenter mentioned the repurposing of NTD staff; suspension and reductions of the virtual format of technical assistance missions to countries; delays in the mobilization and supply of medicines, test reagents, and diagnostics as a result of production challenges; airport closures; in-country permit delays and transportation challenges; suspension or delay of country-level implementation; and restriction of monitoring and evaluation activities to the virtual format. To conclude, the presenter provided two key activities in terms of the way forward despite the pandemic, namely resource mobilization and provision of technical assistance to countries using the virtual environment. This technical assistance includes the formulation of a guide for the development of the national NTD master plan for the next five years; support for integrated case searches for CM-NTDs and MDAs; the strengthening of community-based surveillance for guinea-worm eradication in Angola; support for the finalization of the GWE dossier and ICT in DRC; the publication of the weekly epidemiological report for leprosy and leishmaniasis; and finalization of country profiles for visceral leishmaniasis for high-burden countries; training of health information officers in DIHS2 in Kenya;

participation in the guideline development group meeting for VL-HIV coinfection treatment.

### Session 6C: Impact of COVID-19: Country CM, MDA, and Survey experiences

The session began with a brief presentation of its purpose, which was the sharing of experiences by representatives of four invited countries on specific CM- and PC-NTD activities in the midst of the COVID-19 pandemic. The topics covered were supply chain management in Rwanda, schistosomiasis MDA in South Sudan, lymphatic filariasis transmission assessment survey (Pre-TAS) in Senegal, trachoma case management and guinea-worm disease active case finding by Ethiopia. Three questions were asked of each country representative.

#### Supply chain management and COVID-19 in Rwanda by Jean Bosco MBONIGABA

1. What were the key areas of consideration in the country contingency plan?

The presenter highlighted the following as key areas of consideration: early drug application through JAP; maximum use of the supply chain; coordination of mass distribution activities in the field and with daily data collectors; drug storage at the district level and good warehousing conditions at the district level; inventory and verification of the reliability of drug balances; reverse logistics of unused drugs; and respect of COVID-19 preventive measures along the process.

2. What have been the main challenges (supply chain and others) and the adopted mitigation measures or solutions to overcome these challenges? What has the country done differently?

The main challenge encountered was the unexpected stock-outs or surpluses at the village or district level because the quantification did not take into account the students who would have been at the school located in another location or district. As a mitigation measure, in addition to the normal supply, the programme set up five teams with drugs (one per province) to intervene when needed, providing additional quantities. What the country did differently was to return and use drugs nearing their expiry date. By so doing, the programme did not have any expired drugs following the close monitoring system and return of drugs after deworming campaigns.

3. What lessons have you learnt and best practices that you could recommend to other countries to successfully achieve the programmatic objective of ensuring effective use of donated medicines through enhanced supply chain management?

The following were the lessons learnt: (1) the use of drug management software is extremely important as it helps to prevent mismanagement and expiry of drugs; (2) the integration and decentralization of the supply chain are important as they help to avoid the risk of "lack of processing round". When the drugs are in the community/village, it is easy to distribute

them even if there are no operational costs and thus avoid the expiry of the drugs; (3) better planning helps to avoid waste and additional costs; and (4) better planning and coordination with all the stakeholders is a key to success.

### **Trachoma case management and COVID-19 by Dr Fikreab Kebede**

1. How has the COVID-19 pandemic affected TT case finding and provision of TT surgery in Ethiopia?

The panic of the pandemic and fear of the unknown led to the suspension of service delivery and a shift to only COVID-19 pandemic-related health activities. The immediate response to the shift was the postponement of trachoma surveys, a hold-up of all active TT case searches and outreach activities, and limitation of TT surgery services to the health facility level.

2. What challenges did you face in resuming TT surgical services and how did you tackle them in Ethiopia?

The additional cost of mitigation because of the undertaking of RAMA doubled staff time for coordinating training activities, doubled the cost of key training elements and the budget gap within the approved partners' workplan for mitigation. As a response to this challenge, the programme leveraged and is leveraging Government partners and funding agencies for the additional costs.

The second challenge faced by the programme was the quality of TT surgeries by IECW/TT surgeons. As a response, an in-house inventory was conducted; refresher training, mentoring and targeted

supportive supervision were conducted, as well as mobilization of funding from partners and the Government.

The first challenge was the restriction of TT case finding to house-to-house case searches, which was time consuming and costly with the necessary COVID-19 prevention methods in place – use of mask, hand sanitizers, etc. As mitigation, this was carried out as a routine activity by HEWs while NO town crier was involved.

The fourth challenge was the conduct of multiple and competing trainings and surveys before the budget expired in December 2020. By way of mitigation, these activities were centrally coordinated by the Ministry of Health.

### **Schistosomiasis MDA in South Sudan by Makoy**

Taking the floor, the presenter first highlighted the impact of COVID-19 on NTD activities in South Sudan before responding to the three main questions. The impacts of the pandemic on NTD activities included the suspension of NTD activities; the expiry of NTD drugs (Praziquantel, Ivermectin and Zithromax); redirecting resources to fight COVID-19; repurposing of critical human resources from the NTD programme to fight COVID-19; and travel restrictions.

1. What considerations were necessary in determining to go forward with the MDA during the COVID-19 pandemic?

The following were necessary considerations: (1) development of national SOPs for safe implementation of interventions in

the context of COVID-19 in line with WHO guidelines; (2) development of integrated IEC materials for selected NTD programmes with COVID-19 preventive messages; (3) refining and updating of the SCH and trachoma MDA plan; (4) securing approval from the national COVID-19 taskforce for implementation of SCH and TRA MDA.

2. What adjustments did you have to make to ensure that essentials medicines reached the target population?

The following adjustments were made: (1) review of the MDA budget to accommodate the procurement of COVID-19 personal protective equipment; and (2) change of the SCH MDA approach from school-based to house-to-house to avoid overcrowding, which helped to cover nine counties in two States, achieving 68% coverage.

3. Kindly comment on lessons learnt and if the adjustments that were made in 2020 will need to be sustained going forward?

To this question, the presenter highlighted two main lessons: first the leveraging of existing GWE infrastructure at the community, payam, and county levels, which led to the successful implementation of MDAs while integrating awareness messages on COVID-19; and (2) empowering of county health departments to plan

and execute the implementation of MDAs since the movements of State and national level supervisors might be restricted because of COVID-19.

### **Preliminary transmission assessment surveys for lymphatic filariasis in Senegal** by Dr Ngayo Sy

1. Could you share with us your preparedness activities and implementation of preliminary transmission assessment surveys (Pre-TAS) during the pandemic?

On this question, the presenter highlighted: (1) sensitization and awareness measures put in place at different levels which helped in obtaining all the necessary authorizations such as travel authorizations from the national, provincial, and local authorities as well as from religious leaders; (2) the development and use of technical manuals and guides such as the development of the contingency plan adapted to the Senegalese context with the support of USAID, development and dissemination of SOPs and use of WHO technical guidelines on the resumption of NTD activities during the COVID-19 pandemic; and (3) the availability of transportation means and personal protective equipment.

2. What were the challenges encountered and how did you overcome them?

As challenges encountered, the presenter highlighted the confusion for some volunteers between FTS and COVID-19 tests. To overcome this challenge, the team had to provide additional explanations on the difference between the FTS and COVID-19 tests. The second challenge encountered was the increase in the number of days (2-3 additional days) at the sentinel and spot-check sites. This was the consequence of complying with COVID-19 protocols during the implementation of the surveys.

3. What are the two main lessons learnt in implementing Pre-TAS amid the COVID-19 pandemic?

The following lessons were learnt: (1) the implementation of TAS activities during the pandemic is possible; (2) the ownership of survey activities by communities is possible; (3) real-time data collection and cleaning using the ESPEN collect platform; and (4) the implementation of Pre-TAS during the pandemic is possible in seven days in an implementation unit.

### Active case finding of guinea-worm disease and COVID-19 by Mesfin Wossen

Ethiopia is one of the five countries in the Region that is still reporting indigenous

transmission of guinea-worm disease. After reporting zero human cases for over 24 months (the last human case being in December 2017), Ethiopia reported an outbreak (of human cases) in April 2020:

1. Can you share with participants how this may have happened (what may have led to this)?

The following were provided as possible explanations for this situation:

- ✓ The first seven human cases reported from Duli village of Gog district: All of the infected persons had used farm-side ponds, the water sources that might have been associated with an infected baboon in June 2019 in the same village;
- ✓ The remaining four human cases reported from PRC Agnua in Pugnudo: All of the infected persons had used Ogul pond while they travelled and camped for hunting in the jungle, the water source that was not treated for two months in June and August 2019 due to insecurity (it might be associated with missed baboon infection);
- ✓ Some of the sources of transmission of animal infections remained unknown (e.g. eight cats in the PRC Agnua in Gog district and a dog from Mender, eight from Abobo district). So, the infections might be associated with missed wild cat infections or undetected baboon infections.

2. Ethiopia took immediate measures to respond to the outbreak: how was this done, within the context of the COVID-19 pandemic in Ethiopia? what were the outcomes/results, and what impact can one expect on the incidence of new cases of human guinea-worm disease in 2021?

The following responses were deployed during the outbreak:

- Joint (EPHI, Regional and Woreda HBs, TCCE and WHO) case/infection investigation
- Exposure identification and daily follow up
- House-to-house active case and infection search
- New water source surveillance and abating
- BCC activities at different settings
- Frequent joint supervisory visits
- Filter distribution and utilization assessment
- Admission and management of cases/suspects.

3. What advice do you have for other countries that are still reporting indigenous transmission or are at risk of reinfection from neighbouring endemic countries, in light of your own experience?

The presenter advised the following to other countries: (1) establish GWE surveillance for animal populations; (2) implement or continue expanding multiple measures (abating, filter use, and cash reward awareness-raising activities; and (3) institutionalize GWD activities by providing technical

support and materials during the COVID-19 pandemic.

After these presentations by the panellists, a question and answer session was opened.

The following questions were asked

1. Were COVID-19 tests available during the activities in Senegal? (Question to Dr Ngayo)

Answer/Ngayo: Yes COVID-19 tests were already available in-country.

2. Were masks distributed to the communities during the LF TAS survey? (Question to Dr Ngayo )

Answer/Ngayo: Yes, masks were provided by the Ministry of Health to surveyors, and communities also had masks produced locally which were worn by volunteers and CDDs who were supporting the survey.

3. How were the COVID-19 prevention measures monitored and were there any potential risks to the community health workers? (Question to Jean Bosco).

Answer/Jean Bosco: Several measures were put in place to mitigate the risk of transmission of COVID-19 during MDAs. First, districts with active COVID-19 community transmission were not allowed by the COVID-19 taskforce to conduct MDAs and were not treated. Secondly, community health workers, participants in the MDAs wore masks and those involved in the supervision of MDA activities were screened to ensure

that they did not have the infection. Hand washing measures were also put in place to mitigate any risk of transmission of the infection.

4. Do you think that there is a need for countries that have been certified that are still reporting zero cases to do active searches of human and animals for foster reinfection?

Answer/Mesfin: The transmission dynamic in Ethiopia is very complex. Infections in cats and dogs was easily targeted and contained. The main challenge is how to contain infections in wild animals especially in baboons and leopards in the jungle areas. The programme is using some innovative measures like drones and abating ponds to name a few of them, as well as improving the surveillance system).

5. Any actions taken to increase coverage from the 68% you mentioned?

Answer/Makoy: One of the challenges encountered during the MDAs was the flooding, with displaced populations in a few payams, which impacted the coverage. By way of solution, the programme developed a mop-up plan to improve MDA coverage.

### Session 6D: Recommendations from the ALMA scorecard on NTDs

The participants together with Thoko from 'Uniting to Combat NTDs' agreed on the following recommendations:

We recommend that Heads of State prioritize the provision of essential health services in parallel with the COVID-19 response by:

- Putting in place systems that will ensure the resumption and provision of essential services for neglected tropical diseases that have been impacted by COVID-19, in line with WHO guidelines for implementation.

- Designing pandemic preparedness initiatives and investments within the framework of strengthening health systems and investing in primary health services at the community level, to ensure that they benefit from the provision of essential services such as for NTDs.

- Utilizing NTD strategies and platforms that are already reaching hard-to-reach populations, such as mass drug administration (MDA), for the distribution of COVID-19 BCC and vaccination strategies, to ensure no one is left behind.

- Putting in place concrete, sustainable systems and investments in hand washing and hygiene to ensure that such practices that have been promoted during COVID-19 can be maintained.

- Ensuring that resources for neglected tropical diseases are not diverted to fund COVID-19, leaving already disadvantaged populations exposed and more vulnerable to future health shocks.

- Ensuring that populations affected by NTDs are not excluded from the COVID-19 vaccine.

## **SESSION 7: COR-NTD/ESPEN JOINT PROGRAMME MANAGERS' MEETING OVERVIEW**

On 10 December 2020, the second annual combined COR-NTD/ESPEN Programme Managers' meeting was held virtually via Zoom. The meeting built upon outputs from the first annual meeting in Addis Ababa in 2019. The session was planned in conjunction with the group 'Improving Community Health Outcomes through Research, Dialogue, and Systems Strengthening (iCHORDS)', a newly formed social and behavioural science community of practice. Two breakout sessions were held based on identified priorities from NTD programme managers: health systems strengthening (HSS); and community engagement during the COVID-19 pandemic. This session allowed for programme managers, implementing partners, donors, WHO staff, and other ministry of health employees to share experiences of programmatic adaptations due to the pandemic.

A total of 564 participants registered for the joint session with around 140 individuals participating on the day. Participants were able to register for their preferred breakout session ahead of the meeting. While the meeting faced logistical issues, participants were highly engaged and participatory.

## **OPENING PLENARY**

### **OVERVIEW OF COR-NTD—Pat Lammie, Director of the NTD-Support Center**

- *What is the Coalition for Operational Research for NTDs?*
  - A multidonor-funded research consortium designed to support operational research to improve the effectiveness of NTD programmes
  - The research is aligned with needs and priorities identified by countries and WHO
  - More than 220 research projects have been supported in more than 50 countries
  - Addressing research challenges at every stage of the programme: (1) Assessing the burden; (2) Delivering NTD services; (3) Measuring impact; (4) Reaching programme goals.
- *Donor Agendas and Priorities*
  - Major donors: Bill and Melinda Gates Foundation, USAID, and UK Aid
  - Focus on preventative chemotherapy NTDs (PC-NTDs)
  - Priorities: programme challenges, innovation in diagnostics and treatment, and equity.
- *Challenges Discussed at last year's COR-NTD/ESPEN Meeting*
  - How can the fight against NTDs be sustained within a health system?
  - What factors contribute to the NTD programmes' integration

into the health sector? How can NTD programmes be effectively integrated into health care delivery systems?

- How can we harmonize (and integrate) the data collection systems for NTDs?
- What are the optimal approaches to addressing the challenges of cross-border collaborations?
- What are the optimal approaches to addressing the issue of non-compliance?
- What is the perception of hard-to-reach populations towards MDAs?
- *Requests for Proposals*
- Over 40 projects funded through the calls below (and others)
  - Intervention effectiveness
  - Health systems strengthening
  - Female genital schistosomiasis
  - Research to identify solutions to address barriers facing special populations
  - Research to better understand the psychosocial impact of NTDs
  - Operational research on “Endgame” challenges.
- Current call
  - **Optimizing NTD diagnostics and sampling strategies for low-prevalence settings**
  - More information: <https://www.ntdsupport.org/funding-opportunities>.

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## BREAKOUT SESSION ONE

**Title:** Health Systems: *How can the fight against NTDs be sustained within a health system challenged by the COVID-19 pandemic?*

**Session Chairs:** Rachael Thompson and Wangeci Thuo

**Session Rapporteur:** Lee Hundley

## KEY DISCUSSION POINTS

*What key findings and data did the group identify via the presentations? What issues were raised in the discussions?*

‘What are the key NTD and health systems questions that you would like to discuss?’

- Frank Richards - What are COR-NTD strengths in this area? Most of us are not experienced in health systems research
- Martin Kollmann - all HS issues need to be embedded in the regular “bottom up” processes (that includes budgeting)
- MK - How do we ensure INCLUSIVE work which includes disaggregation of data for disability?
- Angelia Sanders (TCC) - How do you maintain Eye Care workers’ skills to conduct TT surgeries after the number of people with TT reduces?
- Solomon Gadisa - How can we ensure NTD programmes leave no one behind (LNOB)?

**At last year's meeting, the central question was: How can the fight against NTDs be sustained within a health system?**

- The question has been revised to be more specific: How can the fight against NTDs be sustained within a health system challenged by the COVID-19 pandemic?

**Q&A – Gideon Uduak (Nigeria)**

*How can NTD programmes be effectively integrated into health care delivery systems?*

- People in leadership do not understand much about NTDs, so we need special advocacy to ensure that special challenges are addressed.
  - This includes leaders, policy-makers, senators, etc.
- COVID-19 work is moving forward at the expense of NTDs. Funds are being directed away from NTDs for COVID-19.
  - If leaders had better knowledge of NTDs this would not have happened.
- We need to also partner with other health care agencies and primary health care providers to minimize challenges.
  - These groups should also have better NTD knowledge and resources to address NTDs.

*What are challenges that CDDs have faced during the pandemic?*

- The first challenge is logistics. Training, for example, has had to be

reimagined so that CDDs can be trained in a way that is safe while still being effective

- Some of the CDDs are afraid of contracting COVID-19. They have to be reassured with the provision of proper PPE and awareness raising on proper mitigation strategies and how to conduct their work adequately.

**Group discussion**

- Thoko Elphick-Pooley: we have also experienced people in leadership not having strong knowledge of NTDs. Do you have any examples where this is being done well?
  - Gideon: On a smaller scale, some advocacy was done at the State/local level which led to the release of funds for NTDs. This requires being prepared with necessary data, or even bringing people affected by NTDs to help with advocacy. When leaders see people that are adversely affected, there is a better understanding on the part of leadership and they will be more inclined to support funding for NTDs.
- Sultani Matendehero (Kenya): with regards to advocacy, programmes tend to pay more attention to the top-down approach where we pay a lot of attention to direct policy-makers at top level. But it is also important to engage the community and conduct advocacy at that level, which spurs communities to

advocate on behalf of themselves. When the community owns that advocacy, they drive policy-making.

- Gideon: This approach really calls for community ownership of the NTD programme. The community may try to do this, but it is still critical that funding be increased in order for the programme to be successful.
- Marilia Massangaie (Mozambique): Need to use different community actors as part of advocacy to ensure that interventions can be successful.
- Martin Kollmann: Good data is essential and there are several good examples of “mainstreaming” NTD data into the HIS; however, how do we effectively support a general well-coordinated push for local capacity development on data management and integration (without losing the disease/area-specific need for detailed data)?
  - Angelia Sanders: I agree with Martin’s comment above on the data aspect. I think in addition to including NTD data into the HIS, we need to ensure that NTD Programme Managers have quick access to them for decision-making purposes. In some countries it has been difficult for MoH trachoma managers to get information on TT surgeries conducted at district level when done as part of routine health care (for example).

## Q&A – Karsor Kollie (Liberia)

*How can NTD programmes be effectively integrated into health care delivery systems?*

- Integration into health care delivery systems requires advocacy, firstly, both from the top down and from the community level up. International partners can also accomplish a lot in terms of advocacy within the countries. Advocacy is needed at all levels (funding, human resources, etc.).
  - Experience in Liberia: programme managers, community members and others can talk to leaders and they listen.
- Willingness of programme managers and health workers to integrate where possible is needed. This does come with sacrifices. In countries with vertical NTD programmes (each disease is separate), integrating all of them into the health system is a huge challenge.
  - In Liberia they have an integrated NTD programme, so it has helped them navigate some of those challenges. There is a programme director as well as coordinators for each disease.
- Integration is often seen as a threat to autonomy, which is another big challenge.
- Capacity building is also critical for integration as well as

sustainability– all members of the team should be trained on all NTDs so that expertise does not lie with one individual.

- Important to remember that not all activities of the health system can be integrated, and these should be identified.
- Also important to resolve how to involve community health workers as part of the system so that community participation and ownership is maintained.

### Country experiences

- **Kenya (Sultani):** The pandemic has led to the loss of gains made over the years. We had to come up with ways to move forward with programmes despite COVID-19. We worked with partners like Ascend to get proper PPE, and explained to CDDs and stakeholders that it is possible to move forward with work using these protections. This allowed them to conduct very successful schistosomiasis mapping surveys, as well as an MDA with record turnout. This shows that you can still gain the confidence of communities. Once the communities feel ownership, they can drive advocacy with policy-makers.
- **Nigeria (Obiageli Nebe):** MDA implementation was seriously challenged. Projects were requested to conduct risk assessments and provide face masks and sanitizers before

conducting MDAs. We did not try any new tools. The NTD medicines supply chain was disrupted; there was delayed clearance of medicines and near expiry of medicines. There were travel restrictions and funding was not available. We resorted to virtual meetings to have a review of NTD treatment data.

- **Côte d'Ivoire:** The programme is resuming activities in the context of COVID-19 with support from ACT West. They have been able to overcome a lot of challenges through community mobilization. They have had the support of volunteers and been able to activate not just financial resources but also human resources. The community has been helping to register patients and ensure crowd control during Pre-TAS. Country commitment is also critical, and these efforts are only possible with the support of local authorities and the Ministry of Health.
- **Mozambique:** The programme is currently carrying out MDA and TAS. The strategy adopted for the MDA was to use CDDs rather than health workers, which allows them to be more efficient and inclusive. Work is done on a house-to-house basis and the CDDs are provided with masks and hand gels. There are also fixed locations where distribution takes place. These locations have wash stations for proper hand hygiene. The importance of social mobilization

was stressed because there is a high risk of disinformation. Families have been hiding their children because they worry they will be infected with COVID-19 from CDDs. The bottom-up approach of involving the community and assuaging their fears beforehand is critical to success.

### KNOWLEDGE GAPS IDENTIFIED

#### Future needs/gaps

- Develop effective bottom-up approaches, including for the allocation of domestic funding
- Ensure NTDs are included in national UHC packages
- Develop partnerships with local research institutes to expand the data management, analysis and data use capacity of NTD teams
- Enhance the participation of people affected at all levels; they are experts of what is required and also (with initial support) drive integration and mainstreaming (based on human rights approaches)
- Even talking about integration, which is the ideal strategy above all in a country with limited resources, we still face barriers on the part of funders
- How to utilize technology to cost-effectively and safely train and support community health workers, collect treatment data, etc. without widening digital inequalities

- Procurement of, and access to drugs in primary health care services.

#### Existing tools identified:

- WASH as a common platform for linkage NTD services.
- ACT East/West practical approaches to implementing guidance
- Linkage with community awareness and health education
- WHO/AFRO carrying out capacity assessments in countries and implementing a number of frameworks including health financing
- AU Health Financing Framework led by President Kagame
- Include routine data into HMIS, including age/gender disaggregated treatments
- Engage with (and educate where required) district health teams to understand, include and prioritize NTDs
- Integrated disease and management algorithms, e.g. skin NTDs toolkits for training and use in PHC.

#### RECOMMENDED NEXT STEPS

*What operational research and other actions need to be taken to address the knowledge gaps identified by the group?*

Future research questions:

- Investigate the cost-effectiveness and efficiency of cross-sectoral

collaboration beyond traditional NTD work stakeholders

- What are the roles and relevance of NTD networks for HSS (e.g. Ebola, COVID-19 and non-emergency work)?
- What are new methods of NTD service delivery during COVID-19 that we can sustain to achieve the NTD road map 2030?
- Understanding what additional catch-up activities might be needed to make up lost gains after activities can restart, e.g. additional treatment programmes?
- How can the fight against NTDs benefit from COVID-19 preventive measures put in place by countries?
- How can CHWs be effectively integrated into the human resource system?
- What would the impact be on NTD programmes if they used the administrative units (district coding) and population in HMIS (Health Management Information System) vs their disease vertical data?

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## BREAKOUT SESSION TWO

**Title:** Community level issues: *How do we adapt social mobilization strategies for NTD programmes as a result of the pandemic?*

**Session Chairs:** Achille Kabore (FHI 360) and Geordie Woods (Sightsavers)

**Session Rapporteur:** Leslie Sorensen

## NOTES:

- Question for group discussion: examples of community mobilization strategies (pre-pandemic)
- Côte d'Ivoire--Meite Abdoulaye
  - Not a significant difference between pre- and post-COVID-19. Activities organized at the central level, radio and TV. Prefects organized activities with MoH directors, community leaders, religious leaders, women and youth leaders.
  - Radio messages in French and local languages. With the onset of COVID-19, measures were introduced for limiting its spread. Social distancing (1 m – 2 m).
- Kenya – Wyckliff Omondi
  - Kenya shifted its community engagement within the context of the ongoing COVID-19 pandemic; For the first time, television adverts in two of the most watched outlets in the country were used with one outlet providing a one hour 30 minute-long talk show. Community radio adverts and talk shows also featured prominently. The Team also produced a documentary along with short video clips circulated on social media platforms.
  - Additionally, vehicles mounted with public address systems

were used in accessible areas in all endemic districts currently being treated for LF; town criers were utilized to spread the message where roads are not accessible.

- Benin – Pelagie Boko-Collins
  - Rumours varied from community to community. Health workers spoke to community leaders, used printed materials from the Government, radio and TV spots – all in a variety of languages.
  - Two main partners: Act West and Sightsavers. The impact of COVID-19 was huge. Activities were paused, strategies had to be adapted. Community negotiation with FHI 360; relying on influence groups like motorbike taxi drivers and women's associations; conducting local market sensitization and adopting a door-to-door mobilization strategy, all while ensuring that community workers were not exposed to COVID-19.
- *Is there any experience with the use of traditional methods of social mobilization including the use of posters, flyers, banners and community meeting which some countries have indicated as not effective?*
  - Benin has used some of these traditional methods. We were obligated to change the content of the posters in order to respect COVID-19 prevention measures (social distancing, etc.).
- *Are there communities where the COVID-19 message was not well perceived, where people believed COVID-19 to be false, and where that belief put a stop to community mobilization efforts? In effect: do people believe COVID-19 is real?*
  - Pelagie (Benin) Women in local marketplaces were sceptical at first, and resistant to taking preventative measures. We had community sensitization/focus group discussions with them to increase their awareness of the reality and the facts of the virus
  - Abdul Conteh – COVID-19 is known internationally and people were connected to the news and social media, so people understood and took seriously what was happening. People saw other people taking preventative measures, which reinforced the reality of the pandemic.
- *What is the difference in perception of the pandemic in rural vs urban settings?*

- Pelagie (Benin) – The perception is almost the same, but the attitude is different.
  - Meite Abdoulaye (Côte d'Ivoire) – The perception of the pandemic differs a lot between rural and urban environments. In Abidjan people are aware of the reality of the virus, taking preventative measures... Moving from the capital into rural areas, people were suspicious/afraid of persons wearing masks, needed additional community health sensitization.
  - Daniel Boakye (Ghana): Even within the same country, there are different perceptions. In Ghana depending on the area, the urban areas behave similarly to the rural areas or there are differences between urban and rural areas. For example, in the north but around Accra there were differences between urban and rural areas. Around Tamale the perceptions were similar to the rural areas.
- *Are there any areas where people were afraid to participate in NTD activities and CDDs were used to mitigate this fear and reassure the population about COVID-19 prevention measures?*
    - Abdul Conteh – SOPs were developed for COVID-19 prevention – social distancing, hand washing, masks. For community sensitization, radio spots, posters, and other efforts were deployed to promote the universal use of masks.
    - Wyckliff Omondi (Kenya) - Of course one form of reassurance the CDDs provide to community members is that ongoing COVID-19 has not halted transmission of NTDs. As such, continued provision of interventions is key to the community members.
  - *The differences in perception about COVID-19 indicate that different strategies are needed in different places - pointing to the need for full engagement of communities in their design. How can we adapt our programme planning and implementation processes to accommodate this?*
    - Make more job aids available in more languages.
- 
- REPORT OUT TO PLENARY FROM BREAKOUTS**
- Adaptation of efforts to reach different groups, address myths and rumours, change messaging

- Increasing domestic resources (financial and human resources)
- Specific country examples shared in groups:
  - Kenya – social media (Facebook, WhatsApp, etc.), supermarkets and malls to get message out (COVID-19 mitigation and social mobilization for NTDs)
  - Côte d'Ivoire – fake news and rumours; train journalists and other media figures to speak factually about the virus. Motorbike taxi drivers and town criers
  - Social media played a different role in different places (truth/reassurance vs false rumours)
- Advocacy examples
  - Liberia – integration across NTDs and at community level, across health system interventions
  - Nigeria – concern about NTD funding diverted to COVID-19 pandemic response
- Where do we go from here? Next steps, focus going forward
  - Geordie: (1) quick adaptation and (2) increasing scope of channels and ways of engaging communities
  - Achille: Cultural differences and varying perceptions, need to get the context right and be specific. Need

to be innovative. People are exposed to information from many sources – so the correct perception is required as well as the aptitude to reach objectives at different levels

- Rachael: How can you measure and strengthen cross-sectoral collaboration? Are there tools we can expand on? Tools that can enable people in NTD programmes to advocate more fully on different levels? Disaggregating data, skills required to be able to do that and interpret data.

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## OPPORTUNITIES FOR ENGAGEMENT

### *Question and answer session with Dave Ross, CEO at The Task Force for Global Health*

- *Programme managers have expressed a need for tools. Can you talk about the new advocacy tool that your team has been working on?*
- Economic advocacy for disease prevention
- Survey of programme managers – paper published in PloS-NTD a few months ago
- Economic benefits tailored to different country situations
- Quantitative economic impact estimates – aimed at increasing

resources, assuring that disease elimination efforts reach the final mile (Oncho and LF)

- Survey was the first step in making that assessment
- What is the ultimate goal? -
  - Lowering prevalence?
  - eliminating altogether?
  - Both? OR both of those goals PLUS ensuring these diseases never return?
- Next steps:
  - Develop an econometric tool
  - Validate and apply the tool
  - Pilot-test in several countries
  - Evaluate
  - If feasible, apply broadly
- *What does it take practically to produce information that is useful?*
  - Data + communications (packaging the message/information)
- If you are interested in collaborating in the further development and piloting of the econometric tool, please feel free to reach us via [ctangum-consultant@taskforce.org](mailto:ctangum-consultant@taskforce.org).

***iCHORDS Community of Practice - Alison Krentel, University of Ottawa, Bruyere Research Institute***

- Improving community health outcomes through research, dialogue and systems strengthening
- Topics like community mobilization, health systems

strengthening, economic evaluation, mental health and stigma

- Support the NTD road map (sustaining existing achievements and looking toward the 2030 goals)
- Collate and disseminate information across research and programmatic partners
- Collaboration and coordination among those involved in programmatic implementation as well as research
- Support mentorship of young researchers
- Open to all. Task teams available for becoming involved in specific areas
- Google Form for those interested:  
<https://forms.gle/xzVcdBZke63QCfR19>.

### **SESSION 8: SCABIES AND THE 2021-2030 ROAD MAP: EVIDENCE AND STRATEGIES FOR ESTABLISHING NATIONAL CONTROL PROGRAMMES**

Scabies as one of the recently added diseases in the WHO list of NTDs, is characterized by poor data quality especially in the African Region despite the fact that it generates significant primary and secondary health consequences including stigma, social isolation, sleep disturbances, school absenteeism, rheumatic fever and glomerulonephritis. Scabies can occur in various settings such as urban areas in Monrovia, Liberia and school milieux in rural Ghana. In a large-

scale outbreak of scabies in Ethiopia in 2015, over 9 million people were screened and 9% of cases of all age groups were found to be affected with 1.3 contact-to-case ratio.



**Picture: Scabies with secondary bacterial infection**

Progress made in the control of scabies over the past few years:

- Available studies from island settings showed Ivermectin-based MDA is highly effective; a single round of MDA resulted in a 90% reduction in scabies and a 65% reduction in impetigo
- Existence of simplified diagnostic criteria for scabies (2020

IACS/International Alliance for the Control of Scabies)

- Inclusion of scabies in the 2021-2030 WHO road map with clear targets
- Inclusion of Ivermectin to the WHO EML for the treatment of scabies
- WHO Informal Consultation on the Framework for scabies control held in Manila, February 2019. The key recommendations of the meeting were on mapping and surveillance, MDA (prevalence  $\geq 10\%$ ) and intensified disease management (prevalence  $< 2\%$ ) for scabies control and research and development on key programmatic issues.

The World Scabies Programme (WSP) is a five-year programme that started in October 2019 and aims to translate research in scabies control into global public health action to alleviate suffering and reduce disability caused by scabies.

During the discussion, the following issues were highlighted:

- evidence-based discussion is required to reduce the lower age range in the label of IVM
- data on Ivermectin safety (pharmacokinetics) to be finalized
- maximize the value of the integrated NTD platform for scabies control
- high-level advocacy for Ivermectin donation?

The use of Moxidectin (a macrocyclic lactone with long half-life) in scabies treatment is still under study and will be

exciting if it is established to have positive outcome.

There are opportunities for integrating scabies control within other NTDs in the areas of training, surveys and tools for field assessment and reporting.

There are no reliable data to show that IVM MDA interventions for LF and onchocerciasis would suffice for scabies control, as baseline data are not available for scabies.

## **SESSION 9: PERSISTENT TRANSMISSION OF LF AND TRACHOMA**

The first two presentations were given by Katie Zoerhoff and Molly Brady from RTI working on the USAID-funded Act to End NTDs | East programme and were focused on persistent infection of LF and trachoma and how to respond when impact surveys show prevalence above elimination thresholds. These were followed by presentations from the MoH programme managers of Uganda and Ethiopia describing their experiences and lessons learnt.

Katie Zoerhoff explained that the term "failure" was used as shorthand to refer to any impact or surveillance surveys that show that elimination thresholds have not been met. When impact and surveillance surveys fail, it could delay progress towards elimination. In such cases, it is important to investigate to understand the likely causes and then make sure to act on those findings by improving and adapting interventions. There are several reasons why surveys fail, including epidemiological

factors that contribute to continued transmission, the quality of the service delivery or the intervention itself or the fact that certain population groups are systematically missed during MDAs.

Then, Molly Brady talked about available tools to help national programmes and implementing partners to use existing data to investigate reasons for failure, and provided links. She emphasized the fact that it is important not to continue with business as usual when we encounter survey failures but make sure to understand why that has happened. It is important to look at subdistrict level data or data by population group and collect additional data to investigate reasons for failure using qualitative methods. It is critical to ensure that lessons learnt are incorporated into the follow-up interventions such as repeat MDA and/or adapting programme implementation.

Dr Francis Mugume from the MoH of Uganda discussed trachoma impact survey (TIS) and trachoma surveillance survey (TSS) failures in three districts in Uganda. Moroto, a district bordering Kenya, had a very high baseline prevalence of trachoma and after several MDA rounds, prevalence of TF from repeated impact surveys still remained high at 16.2% in 2019. The western districts of Nebbi and Buliisa had achieved a prevalence of TF below 5% following the TIS but rebounded after the TSS conducted in 2019 with a TF prevalence of 7.2% and 5.8% respectively. To understand the reasons why there is still high trachoma prevalence in these districts, the MoH undertook a desk review of the last three years of subdistrict-level

MDA coverage and conducted qualitative studies using key informant interviews and focus group discussions (FGD) to understand factors contributing to increased transmission.

The key findings were that trachoma still remains a public health problem in these three districts due to a combination of factors, notably social (absenteeism during MDAs, poor facial hygiene, cross-border nomadic migration, low level of awareness about trachoma), environmental (poor living conditions with overcrowding and sharing of living space with livestock, low access to sanitation facilities) and programmatic (insufficient capacity to monitor trachoma infection in the districts, limited WASH interventions and inadequate interventions targeting nomadic populations). Recommendations include synchronizing MDAs across the border with Kenya and holding joint planning and review meetings in 2021 in the case of Moroto; enhancing multisectoral collaboration between MoH and MoWE and allocating resources to NTD/WASH collaborative activities targeting trachoma elimination; continuous sensitization of the community on trachoma and its risk factors by using appropriate behaviour change communication strategies; as well as strengthening MDA supervision to ensure high coverage.

The last presenter was Mossie Wondemeneh from MoH Ethiopia who focused on the approaches used to investigate and respond to LF Pre-TAS failure in Benshangul Gumuz region,

Ethiopia. MDA for LF was conducted from 2013 to 2018. In January 2019 Pre-TAS was conducted but three out of seven IUs failed. Investigations were conducted into the causes of failure in August 2019. The approaches used included a desk review of the survey and MDA implementation, monitoring visit reports, supportive supervision reports as well as conducting key informant interviews and focus group discussions.

Major findings of the investigations include the fact that there was less than 65% coverage for MDA in some subdistricts (Kebeles) and inadequate supervision in all the endemic Kebeles as well as hard-to-reach areas. These deficiencies were addressed by using the Supervisor's Coverage Tool (SCT), the standardized supervision checklist and daily check-ins with supervisors by the district-level taskforce during the repeat MDA-1 in December 2019. Based on the findings on the ground, mop-up MDAs were conducted in villages identified as having low coverage, and onsite feedback and training were provided to HEWs and CDDs by supervisors. These interventions resulted in improved MDA coverage with all districts achieving over 65% coverage.

## **SESSION 10: MODELLING THE POTENTIAL IMPACT OF COVID-19-RELATED DELAYS TO MDA ON SCHISTOSOMIASIS MORBIDITY AND ESTIMATING POPULATIONS MOST AT RISK**

**Significance:** This session, supported by the Global Schistosomiasis Alliance, will

describe the current burden of schistosomiasis in sub-Saharan Africa, highlight the degree of impact that delays to MDA will have on schistosomiasis and related morbidity, and identify the areas of highest vulnerability across the Region. ESPEN will deliver their aspirations for how to tackle the increasing risk of infection and how endemic countries and the global community can support the delivery of interventions to reduce morbidity and mortality.

The general objective of this session is to share experiences in the implementation of NTD case finding and management, using every available opportunity, such as during MDAs, through effective collaboration, planning and integrated implementation. Specifically, a country experience in piloting joint MDA and active case finding of leprosy, BU and other skin NTDs in the Forest Region of Guinea will be presented, followed by questions and answers.

### Proceedings:

- Introduction and overview of the session - Maria Rebollo Polo, ESPEN/WHO. Penelope Vounatsou: Head of Biostatistics, Swiss TPH. Penelope presented on: Effect of PC on schistosomiasis among school-age children in sub-Saharan Africa: a temporally explicit geostatistical analysis. Penelope has a background in mathematics and statistics, and researches on methodology for modelling and computation of large space-time data, whose applications are in geostatistical

mapping of NTDs, disease surveillance, assessing effects of interventions and sampling designs.

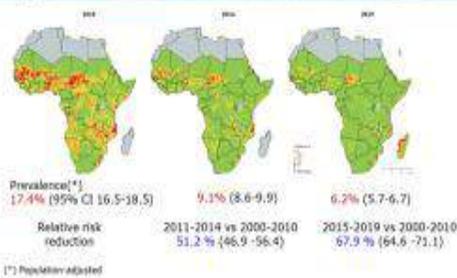
### Key highlights:

This work was initiated by WHO about four years back, to review the impact of PC. The analysis showed that the coverage of populations treated with PC for SCH has been increasing since 2006 in most countries, attendant on the scaling up of interventions. The team used data collected from multiple sources between 2010 and 2019, and developed a predictive Bayesian model by incorporating climatic, environmental as well as water and sanitation data.

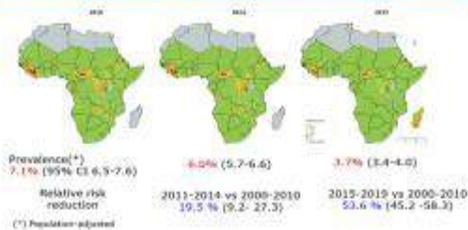
Reduction in prevalence for both *schistosoma haematobium* (SH) and *schistosoma mansoni* (SM) (lowered risk) was related to PC coverage, improved sanitation in households, but climatic predictors were different for the two species, with SH risk lower in humid agricultural zones, higher altitudes and in high temperatures; while for SM the risk is higher in humid agricultural zones and when monthly temperatures are similar across the year. Schistosomiasis prevalence decreased from 23.0% (22.1-24.1) in 2000-2010 to 9.6% (9.1-10.2) in 2015-2019. Based on this analysis, the PC treatments in SSA changed from 110.637 (109.062, 112.729) million doses for 222.910 million children aged 5-14 years in 2010, to 111.632 (110.455, 113.185) million doses for 287.585 million school-age children in 2019.

## Effect of preventive chemotherapy on schistosome children in sub-Saharan Africa: a temporally

Geographical distribution of *S. haematobium* risk



Geographical distribution of *S. mansoni* risk



Fiona Fleming, SCI Foundation and Ascend West and Central Africa:

Schistosomiasis-related morbidity and the current burden of infection in sub-Saharan Africa -

As COVID-19 began to spread across sub-Saharan Africa, measures to limit the transmission of the virus by restricting social contact and population movement were widely implemented in the Region as from March 2020. In April 2020, WHO recommended that mass treatment campaigns, active case finding activities and population-based surveys for NTD be postponed until further notice. WHO issued interim guidance, in August 2020, inclusive of a decision framework which enables NTD programmes, on a case-by-case basis with a risk-benefit assessment,

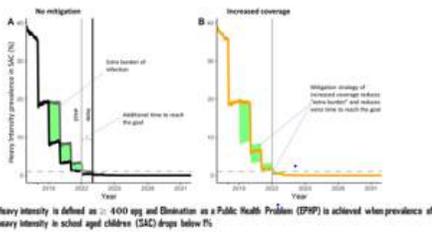
to determine when and how activities such as mass drug administration (MDA) might resume. Even small delays to MDA for schistosomiasis will have important consequences on morbidity in affected communities: accumulating and prolonged infections in individuals will develop from acute morbidity to irreversible chronic morbidity. Long-term sequelae of infection of particular concern are hepatosplenomegaly, liver fibrosis and portal hypertension for intestinal schistosomiasis and hydronephrosis and female genital schistosomiasis due to urogenital schistosomiasis. In addition to the severe consequences of these conditions, they are also associated with increased risk and exacerbation of other diseases of public health importance in the African Region. To counter these threats, mitigation strategies should be designed to address the predicted increases in schistosomiasis-related morbidity, and to prioritize the allocation of resources and resumption of activities to populations most at risk.

COVID-19-related disruptions to schistosomiasis programmes and effects of different mitigation strategies on morbidity.

**Diepreye Ayabina**, NTD modelling consortium, University of Oxford. Diepreye is an infectious disease modeller working on schistosomiasis. She models the transmission dynamics of schistosomiasis and the impact of mass drug administration to determine the treatment strategies required to control/eliminate the disease. Results from her work provide

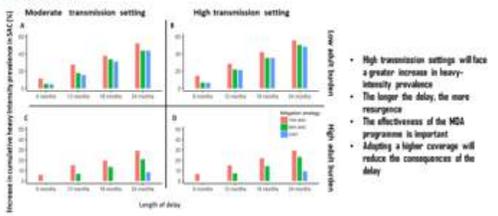
Results

In addition to increasing the time to reach EPIF, the postponement of MDA will inadvertently lead to an extra burden of infection.



Heavy intensity is defined as  $\geq 4000$  eggs and Elimination as a Public Health Problem (EPIF) is achieved when prevalence of heavy intensity in school aged children (SAC) drops below 1%.

Results



Regardless of the transmission setting, this extra burden of infection would undoubtedly lead to an increase in schistosomiasis related morbidity, although the relationship may not necessarily be linear.

insights on the design of treatment programmes. With COVID-19 likely to lead to delays in mass drug administration and interruptions of other activities, this evaluation considered that if treatment is paused, prevalence will increase and this could lead to increased morbidity. There are also concerns that children will face high, acute morbidity and potential mortality during the delay and chronic morbidity will not be prevented. Model simulations are for *S. mansoni* and run for a scenario with no delay: annual MDA treating 75% of school-age children (SAC), and for varying lengths of MDA delay (between 6 and 24 months), after which MDA is resumed using either the same coverage as before the delay or a higher coverage. The models are based on a moderate (10-50% pre-treatment SAC prevalence) and a high ( $\geq 50\%$  pre-treatment SAC prevalence) transmission setting, each with a low and high burden of infection in adults.

The models show that though we can model the burden of infection during the delay, it is unclear how morbidity will increase. Different forms of morbidity may reappear in different ways but generally several studies have shown that continuous exposure, the duration of infection before treatment, the *schistosoma* species, and the development of immunity over time are key determinants of the evolution of schistosomiasis-related morbidity after treatment. It is therefore important to identify the populations most at risk of incurring morbidity for optimal resource allocation once MDA programmes are resumed.

Global Schistosomiasis Alliance (GSA)

**Dr Anouk Gouvras** presented on the GSA. She is the Communications and Programme manager of the Global Schistosomiasis Alliance. Dr Gouvras has worked in academia, researching schistosomiasis in sub-Saharan Africa, working with researchers at national institutes for medical research and universities, and with NTD programme

managers. At the Global Schistosomiasis Alliance, she drives the Alliance's activities using a multistakeholder, collaborative platform to strengthen and advance schistosomiasis control and elimination.

Anouk presented the objectives of the GDA and invited participants to join one of several GSA working groups through the GSA website: <https://www.eliminateschisto.org>, and the GSA mailing list: <http://eepurl.com/dyjac9>.

Hope Simpson presented on the most susceptible populations in the event of MDA delays due to COVID-19. The modelling work included the prevalence of schistosomiasis, treatment coverage, WASH access, the prevalence of comorbidities and vulnerability. Through combining these indicators, the model output identified districts which are more vulnerable. Across the Region as a whole, it was estimated that 26.4 million people live, in IUs considered to be very susceptible to increased risk of schistosomiasis. These IUs are characterised by moderate or high prevalence for schistosomiasis. It was

estimated that the highest populations living in such IUs are in the DRC, Nigeria and Madagascar. Recommendations were made for programmes based on the findings.

### **CLOSING CEREMONY**

Dr Maria Rebollo Polo (ESPEN Team Leader, WHO/AFRO) gave the closing remarks. She thanked the host, Patricia Amira, the participants and the AFRO team. She emphasized the challenges of COVID-19 and indicated that NTDs perpetuate the cycle of disease and poverty in Africa. NTDs are a massive burden that threaten the survival of younger generations.

She also stressed that despite the challenges, significant achievements have been made, and urged all African Governments, stakeholders, country programme managers, partners and donors to do whatever it takes to make the 2021–2030 road map a reality by achieving the elimination and control targets for NTDs on the continent. She closed the meeting by insisting that now more than ever, we MUST eliminate NTDs from Africa.

## APPENDIX:

### MEETING AGENDA

7-11 December 2020

*"NTD elimination, now more than ever"*

Day 1		Monday 7 December 2020
Time UTC+1	Topic and session	Presenters and panellists
13:00-13:15	Introduction of meeting	Patricia Amira Video in memory of our departed colleagues
13:15-14:15	<b>Session 1:</b> NTD road map 2020 targets, celebration of milestones	Video messages from: Dr Matshidiso Moeti, RD AFRO 4' Hon MoH Togo Hon MoH Ghana Hon MoH Malawi Panel discussion: Donor Representative: Emily Wainwright USAID Pharma Donor Representative: Mark Bradley (GSK) Closing: AFRO NTD 2012-2020 video
14:15-15:00	<b>Session 2:</b> ESPEN Framework in the context of NTD Road Map 2021-2030 and the Continental Framework for NTDs 2030	<b>Panel discussion:</b> Dr Maria Rebollo Dr Mwele Malecela (HQ) Mrs Emily Wainwright (USAID) Dr Benjamin Djoudalbaye (African Union) Dr Meite (Côte d'Ivoire) NTD PM (Uganda)
15:00-15:30	<b>Session 3:</b> NTD master plans 2021-2025: Overview of the framework for development and presentation	<b>Presenters:</b> Dr Maria Rebollo, ESPEN NTD Programme Dr Gautam Biswas <b>Panellists:</b> NTD Programme Managers for Côte d'Ivoire; DRC; Ethiopia
15:30-16:00	<b>Session 4:</b> Piloting joint MDA and active case finding of leprosy, BU and other skin NTDs in the Forest Region of Guinea	Dr Fatoumata Sakho, NTD Coordinator, Guinea
16:00-16:00	Wrap Up and close of day 1	Patricia Amira

Day 2			Tuesday 8 December 2020	
	Session 5A: CM–NTDS Chair: Dr Alexandre Tiendrebeogo		SESSION 5b: PC-NTDs Chair: Patricia Amira	
Time UCT+1	Topic	Presenters/ Panellists	Topic	Presenters/ Panellists
13:00 -13:10	Introductory remarks and overview of Day 2 agenda	Dr Andrew Korkor	Introductions overview of agenda	Patricia Amira
13:10 -14:10	<b>CM NTD supply request tools:</b> <ul style="list-style-type: none"> <li>• Leprosy: MDT and loose clofazimine</li> <li>• VL: Online leishmaniasis supply request</li> <li>• BU: RIF &amp; Clarithromycin.</li> <li>• Yaws: Azithromycin</li> </ul>	Dr Esin Dmitry Dr Saurabh Dr Kingsley Asiedu	NTD Community of Practice (CoP)	Dr Sultani Matendechero, Arianna, Phaedra
14:10 -15:57	<b>Country experiences:</b> <ol style="list-style-type: none"> <li>1. Integrated NTD case management.</li> <li>2. MDA and Post-exposure Prophylaxis (PEP):                             <ol style="list-style-type: none"> <li>a. MDA for yaws eradication(OCEAC Project)</li> <li>b. Chemotherapy for LPEP (Moba Project: follow up at Y-4)</li> <li>c. Chemotherapy for LPEP (SDR LPEP)</li> </ol> </li> </ol>	Burkina Faso, Cameroon, Côte d'Ivoire, DRC  Cameroon, CAR, Congo  DRC  Comoros, Madagascar, Tanzania	JAP online, ESPEN Collect and the MDA portal	Jorge Cano, ESPEN Honorat Zouré, ESPEN Adrien Elia Muhima, ESPEN consultant Rachel Pullan, LSHTM Alex Pavluck, Sightsavers Jonathan Nesbitt Standard Code.
15:57-16:00	Close up	Dr Andrew Korkor	Close up	Patricia Amira

Day 3		Wednesday 9 December 2020
<b>Session 6: NTD activities and impact of COVID-19</b>		
Time UCT+1	Topic	Presenters and panellists
<b>13:00-13:10</b>	Introductions and overview of agenda	Patricia Amira
<b>13:10 -13:30</b>	<b>Session 6a:</b> ALMA Scorecard on NTDs	Thoko Elphick-Pooley (Uniting to Combat NTDs)
<b>13:30 -14:05</b>	<b>Session 6b:</b> NTD activities and impact of COVID-19	Dr Maria Rebollo Dr Andrew Korkor
<b>14:05-15:50</b>	<b>Session 6c:</b> Impact of COVID-19: Country CM, MDA and Survey experiences	Panellists: PC-NTDS -Ethiopia (Trachoma) -Senegal (Pre-TAS) -South Sudan (SCH/STH MDA) -Rwanda (SCM) CM countries: -Ethiopia –GW
<b>15:50-16:00</b>	<b>Session 6d:</b> Recommendations from ALMA Scorecard on NTDs	Thoko Elphick-Pooley (Uniting to Combat NTDs)
<b>16:00-16:01</b>	Thanks and close	Patricia Amira

Day 4		Thursday; 10 <sup>th</sup> December 2020:
Session 7: COR-NTD		
13:00-1330	OPENING PLENARY	[all attendees]
	Welcome and overview of meeting - Cover overview of COR-NTDs and topics COR-NTD have been addressing through OR in last 2 years. - Overview of agenda	Patrick Lammie, NTD Support Center
	Introduction to breakout sessions	Alison Krentel, University of Ottawa
13:30-15:00	2 BREAKOUT SESSIONS	[attendees will be randomly allocated to a breakout room]
	Breakout Session #1: Health Systems <i>How can the fight against NTDs be sustained within a health system challenged by the COVID-19 pandemic?</i>	Rachael Thomson, Liverpool School of Tropical Medicine, and Wangechi Thuo, RTI
	Breakout session #2: Community-level issues <i>How do we adapt social mobilization strategies for NTD programmes as a result of the pandemic?</i>	Achille Kabore, FHI 360 and Geordie Woods, Sightsavers
15:00-15:30	CLOSING PLENARY	[all attendees]
	Feedback from the breakout groups	Margaret Baker, RTI with breakout chairs
	Introducing iCHORD	Alison Krentel, University of Ottawa
	Wrap up and closing	Patrick Lammie, NTD Support Center

Day 5		11 December 2020:
WHO/AFRO NTD Partners		
Time UCT+1	Topic	Presenters and panellists
13:00-13:10	Introductions and overview of agenda; introduction of speakers	Patricia Amira
13:10 -14:00	<b>Session 8:</b> Scabies & the 2021-2030 road map: Evidence & strategies for establishing national control programmes	Dr Michael Marks
14:00-14:50	<b>Session 9:</b> Persistent transmission of LF and Trachoma	Katie Zoerhoff & Molly Bradi (RTI) Francis Mugume (Uganda PM ) Mossie Wondimeneh (Ethiopia)
14:50-15:45	<b>Session 10:</b> Modelling Consortium Swiss Tropical Institute	Hope Simpson Fiona Fleming Diepreye Ayabina, Penelope Vounatsou
15:45-16:00	Closing of the Third AFRO NTD PM meeting	Dr Maria Rebollo Polo

the  $\mathbb{R}^n$  is a linear space over  $\mathbb{R}$  with the usual addition and scalar multiplication. The inner product is defined by

$$(x, y) = x_1 y_1 + x_2 y_2 + \dots + x_n y_n \quad (1)$$

where  $x = (x_1, x_2, \dots, x_n)$  and  $y = (y_1, y_2, \dots, y_n)$  are vectors in  $\mathbb{R}^n$ .

The norm of a vector  $x$  is defined by

$$\|x\| = \sqrt{(x, x)} = \sqrt{x_1^2 + x_2^2 + \dots + x_n^2} \quad (2)$$

The distance between two vectors  $x$  and  $y$  is defined by

$$\|x - y\| = \sqrt{(x - y, x - y)} = \sqrt{(x_1 - y_1)^2 + (x_2 - y_2)^2 + \dots + (x_n - y_n)^2} \quad (3)$$

The angle between two vectors  $x$  and  $y$  is defined by

$$\cos \theta = \frac{(x, y)}{\|x\| \|y\|} \quad (4)$$

The orthogonal projection of a vector  $x$  onto a vector  $y$  is defined by

$$\text{proj}_y x = \frac{(x, y)}{(y, y)} y \quad (5)$$

The orthogonal distance from a vector  $x$  to a vector  $y$  is defined by

$$\|x - \text{proj}_y x\| = \sqrt{\|x\|^2 - \frac{(x, y)^2}{\|y\|^2}} \quad (6)$$

The orthogonal distance from a vector  $x$  to a subspace  $S$  is defined by

$$\|x - \text{proj}_S x\| = \sqrt{\|x\|^2 - \sum_{i=1}^k \frac{(x, e_i)^2}{\|e_i\|^2}} \quad (7)$$

where  $e_1, e_2, \dots, e_k$  is an orthonormal basis for  $S$ .

The orthogonal distance from a point  $P$  to a line  $L$  is defined by

$$\|P - \text{proj}_L P\| = \sqrt{\|P\|^2 - \frac{(P, d)^2}{\|d\|^2}} \quad (8)$$

where  $d$  is a direction vector of the line  $L$ .

The orthogonal distance from a point  $P$  to a plane  $\Pi$  is defined by

$$\|P - \text{proj}_\Pi P\| = \sqrt{\|P\|^2 - \sum_{i=1}^2 \frac{(P, e_i)^2}{\|e_i\|^2}} \quad (9)$$

where  $e_1, e_2$  is an orthonormal basis for the plane  $\Pi$ .